2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2005
Secretary of State

DOCUMENT# N97000004783

Entity Name: WORD OF FAITH MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business:

12283 SW 129 CT
MIAMI, FL 33186 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 161322
MIAMI, FL 33116

New Mailing Address:

FEI Number: 65-0292824 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PHANOR, LESLY E
12283 SW 129 CT
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PHANOR, LESLY
Address: 11712 SW 168 TERR
City-St-Zip: MIAMI, FL 33177

Title: VD ( ) Delete
Name: GRAMCKO, RODOLFO F
Address: 10855 SW 112TH AVENUE, APT. #215
City-St-Zip: MIAMI, FL 33176

Title: SD ( ) Delete
Name: CHRISTIAN, DAVID E
Address: 14267 SW TERR
City-St-Zip: MIAMI, FL 33186

Title: SD ( ) Delete
Name: CIRON, MARK
Address: 12901 SW 17 PL
City-St-Zip: DAVIE, FL 33325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LESLY PHANOR PD 07/15/2005

Electronic Signature of Signing Officer or Director — Date