## FILED Apr 18, 2007 8:00 am Secretary of State 2007 FOR PROFIT CORPORATION ANNUAL REPORT

| Principal Place of Business   1598 SW AVENS ST        | DOCUMENT # P0600008218  1. Entity Name RAY FRANKLIN MINISTRIES INC   |                                   |                     |   |   |                          |                       | 90187 022 ***150           | 0.00       |
|--|--|-----------------------------------|---------------------|---|---|--------------------------|-----------------------|----------------------------|------------|
| Suite Apl. #, etc.    Suite Apl. #, etc.   Suite Apl. #, etc.  | 1598 SW AVENS ST   |                                   | 1598 SW AVENS ST    |   |   |                          |                       |                            |            |
| City & State    City & State   City & State   City & State   A. FER Number 20 - 4   OLG 3  | 2. Principal P   | Place of Business - No P.O. Box # | 3. Mailing Address  | . Mailing Address   |   |                          |                       |                            |            |
| Zo   | Suite, Apt. #, etc.  |                                   | Suite, Apt. #, etc. |   |   | 01082007                 | Chg-P                 | CR2E034 (12/06)            |            |
| BIRAN C HERNDON PA 79S SE PORT ST LUCIE, FL 34984  8. The above nemed antity submits this statement for the purpose of changing its registered Agent appears remark for mericancy  FLE NOWITH FEE IS \$130,00 After May 1, 2007 Fee will be \$550,00  9. Election Campaign Financing Title NOME FRANKLIN, RAY FRANKLIN,  | City & State   |                                   | City & State        |   |   | 4. FEI Numbe             | 6-4106                |                            | •          |
| BIRAN C HERNDON PA 795 SE PORT ST LUCIE BLVD PORT ST LUCIE, FL 34984  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Horida. I am family with, and accept the obligations of registered agent.  SIGNATURE    Supplies   Designation   Post   Pos   | Žip  |                                   |                     | Coun  | ntry  |                          |                       | Fee Require                |            |
| BIRAN C HERNDON PA 79S SE PORT ST LUCIE BLVD PORT ST LUCIE, FL 34984  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamilar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  OFFICERS AND DIRECTORS  Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  Trust Fund Contribution.  DPS FRANKLIN, RAY SIRET ADDRESS  OITY-ST-2P  TITLE  MAKE SIRET ADDRESS  OITY-ST-2P  TITLE  MAKE SIRET ADDRESS  OITY-ST-2P  TITLE  MAKE SIRET ADDRESS  OITY-ST-2P  TITLE MAKE SIR |  | 6. Name and Address of Curren     | t Registered Agent  | Name (1)  | 7. Name and                                     | Address of New F         | Registered Agent      |                            |            |
| PORT ST LUCIE, FL 34984    Supplied of the purpose of changing its registered agent, or both, in the State of Florida. I am liamitar with, and accept the obligations of registered agent.   Signature   | 795 SE PORT ST LUCIE BLVD  |                                   |                     |   | Di  |                          | Hernda                | on PA                      |            |
| 8. The above named entity submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE   |  |                                   |                     |   | Street Address                                  | s (P.U. Box Numbe        | r is Not Acceptable   | e)                         |            |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Roida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    |  |                                   |                     |   | 8418  | S US Hi                  | ghway                 | /                          |            |
| TILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  Trust Fund Contribution.  OFFICERS AND DIRECTORS I1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITIE DPS FRANKLIN, RAY STREET ADDRESS CITY-ST-2P  TILE NAME SIREET ADDRESS CITY-ST-2P  TILE NAME SIR |  |                                   |                     |   |   | St. Luc                  | ie '                  | ´ FL   ₹ <b>3</b> 6%       | 752        |
| ### After May 1, 2007 Fee will be \$550.00   Trust Fund Contribution.   Added to Fees  | the obligat  | tions of registered agent.        |                     |   |   |                          | n, in the State of Fl | orida. I am familiar with, | and accept |
| TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S   |  |                                   |                     |   | ncing \$  | 5.00 May Be dded to Fees |                       | _                          |            |
| NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP NAME SIREET ADDRESS CITY-ST-ZIP NAME SIREET ADDRESS CITY-ST-ZIP NAME SIREET ADDRESS  |  |                                   |                     | 11.   | 1   | ADDITIONS/               | CHANGES TO OFF        |                            |            |
| NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STRE   | NAME<br>STREET ADDRESS   | FRANKLIN, RAY<br>1598 SW AVENS ST | ☐ Delete            | NAM<br>Stre   | NE<br>EET ADDRESS                               |                          |                       | ☐ Change                   | Addition   |
| NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-S1-ZIP  TITLE NAME STREET ADDRESS   | NAME<br>STREET ADDRESS   |                                   | ☐ Delete            | MAM   |   |                          |                       | ☐ Change                   | Addition   |
| NAME STREET ADDRESS CITY-S1-ZIP  TITLE NAME STREET ADDRESS   |  |                                   |                     |   |   |                          |                       |                            |            |
| NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME SIREET ADDRESS CITY-SI-ZIP  TITLE NAME SIREET ADDRESS SIREET ADDRESS SIREET ADDRESS  | NAME<br>STREET ADDRESS   |                                   | ☐ Delete            | CITY<br>TITLE<br>NAM<br>STRE                                      | '-ST-ZIP<br>E<br>#L<br>EET ADDRESS              |                          |                       | ☐ Change                   | ☐ Addition |
| NAME STREET ADDRESS STREET ADDRESS   | NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE<br>NAME<br>STREET ADDRESS                                       |                                   |                     | CITY TITLE NAM STRE CITY TITLE NAM STRE                           | Y-ST-ZIP  E  E  E  E  E  E  T  T  E  E  E  E  E |                          |                       |                            |            |
| 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental ecort is true and accurate and that my supplemental ecort is true and accurate and that my supplemental ecort is true and accurate and that my supplemental ecord is a supplemental ecord.  | NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS |                                   | ☐ Delete            | CITY TITLE NAMM STRE CITY TITLE NAM STRE CITY TITLE NAM STRE STRE | Y-ST-ZIP  HE  HE  HE  HE  HE  HE  HE  HE  HE  H |                          |                       | ☐ Change                   | ☐ Addition |

by use and according and that Hysightalure shall have the same legal effect as it made under oath; that I am an officer or director powered to execute this report as equired by Chapter 607, Florida Statules; and that my name appears in Block 10 or Block 11 if year all other like employers.

SIGNATURE: /