2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2004
Secretary of State

DOCUMENT# N99000005512

Entity Name: KINGDOM LIVING MINISTRIES, INC.

Current Principal Place of Business:

20423 STATE ROAD SEVEN, SUITE 410
BOCA RATON, FL 33495

New Principal Place of Business:

Current Mailing Address:

20423 STATE ROAD SEVEN, SUITE 410
BOCA RATON, FL 33495

New Mailing Address:

FEI Number: 65-0952714 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DI BUCCI, THOMAS
20423 STATE ROAD SEVEN, SUITE 410
BOCA RATON, FL 33495 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:	PTS	( ) Delete
Name:	DIBUCCI, TOM	
Address:	20423 STATE LE 7 #410	
City-St-Zip:	BOCA RATON, FL 33498	
Title:	D	( ) Delete
Name:	DIBUCCI, CYNDE	
Address:	20423 STATE RD 7 #410	
City-St-Zip:	BOCA RATON, FL 33498	
Title:	D	( ) Delete
Name:	STICKEL, DON	
Address:	20423 STATE RD 7 #410	
City-St-Zip:	BOCA RATON, FL 33418	
Title:	D	( ) Delete
Name:	ROPP, KENDALL	
Address:	20423 STATE RD 7 #410	
City-St-Zip:	BOCA RATON, FL 33498	

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: THOMAS DIBUCCI PTS 03/03/2004

Electronic Signature of Signing Officer or Director — Date