NOT-FOR-PROFIT CGRPORATION ANNUAL REPOST (AR)

DOCUMENT # 120038

1. Entity Name

Christian Activities Inc.



FILED Feb 13, 2006 8:00 am Secretary of State 02-13-2006 90043 007 ****61.25

DO NOT WHITE IN THIS SPACE			400138	347	
2. Principal Place of Business 6045 Pank BLVD. Suite, Apt. #, etc. 6045 Pank BlVd. 3. Mailing Address PU Box 232 Suite, Apt. #, etc. Suite, Apt. #, etc.			CR2E037B (8/05)		
City & State Pinullus Punk Fl. Pinullus Punk F			4. FEI Number Applied For Not Applied For		Applied For Not Applicable
Zip Country Z	(ip Co	untry nellus	5. Certificate of Statu	s Desired	8.75 Additional see Required
32700 177721143	7 7 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Name 2	7. Name and Address	of Current Registered A	Agent
DO NOT WRITE IN THIS SPACE		Street Address (P.O. Box Number is Not Acceptable) City St. Petens burc FL 3 1709			
The above named entity submits this statement for the purithe obligations of registered agent. SIGNATURE					
Signature, typed or printed name of registered agent and title if a	pplicable (NOTE Register	ed Agent signature requ	ired when reinstating)	DATE	
FEE IS \$61.25 Initial or Amended AR 9. Election Camp Trust Fund Co		~ —	\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State		
10. OFFICERS AND DIRECTOR	S				
TITLE PRESIDENT NAME John Calfors Sn. STREET ADDRESS 1015 - E. Hempsu Auchul CITY-ST-ZIP Nanhow Fl. 33830		LE ME REET ADDRESS			
THE VILL PRESIDENT		Y-ST-ZIP LE			
NAME STREET ADDRESS CITY-ST-ZIP St. Pctensburg F1. 33709		ME REET ADDRESS Y-ST-ZIP			
TITLE Servetury	TiT	LE			
STREET ADDRESS 5639 - Escondida Blv43, CITY-ST-ZIP St. Petersburg F1, 337/9		ME	DO NOT WRITE		
TITLE PLANALIA		LE ME REET ADDRESS Y-ST-ZIP	IN THIS SPACE		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP A 3 5 1 5 1 2 nt Tyeus with The Manus Mall, SSQ Folks STREET ADDRESS CITY-ST-ZIP PINCIPUS PANK F1, 7378 TITLE	TIIT NA STI	į į			·
TITLE NAME STREET ADDRESS CITY-ST-7/P	NA Sti	LE ME . REET ADDRESS Y-ST-ZIP			

12. Thereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: ALLA PINCE - Robert Pancy Transcriber Fib-9-06 777-877-9186