


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2006 08:00 A
Secretary of State

DOCUMENT # 724680 1. Entity Name NEW MOUNT CALVARY MISSIONARY BAPTIST CHURCH, INCORPORATED, OF MIAMI, FLORIDA	
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Principal Place of Business 7103 NW 22 AVE MIAMI, FL 33147 US	Mailing Address P.O. BOX 471175 MIAMI, FL 33247-8175
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07312006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0736068	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BLOUNT, E. 1830 N.W. 70TH STREET MIAMI, FL 33147	<p style="font-size: 24px; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

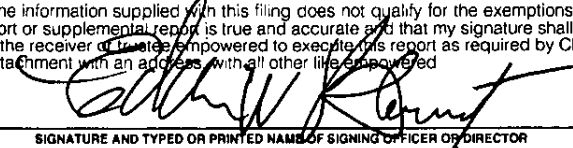
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U07000574482 09/16/06-80003-009 70.00
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10. OFFICERS AND DIRECTORS	
TITLE ¹	C
NAME	LAIRD, ODOM
STREET ADDRESS	3521 NW 208TH ST.
CITY-ST-ZIP	OPALOCKA, FL
TITLE	T
NAME	JONES, THOMAS
STREET ADDRESS	11220 NW 22 AVE ROAD
CITY-ST-ZIP	MIAMI, FL
TITLE	VC
NAME	BLOUNT, E.
STREET ADDRESS	1830 N.W. 70TH STREET
CITY-ST-ZIP	MIAMI, FL
TITLE	CT
NAME	BUTRLER, SR, MICHAEL
STREET ADDRESS	13341 SW 256TH STREET
CITY-ST-ZIP	PRINCETON, FL 33032
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

12. I hereby 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 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 of the same empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other title empowered.

SIGNATURE:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #