


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90244 025 ****61.25

DOCUMENT # 730887	
1. Entity Name MINISTRIES IN ACTION, INC.	

Principal Place of Business 10201 BAHIA DR STE 10 MIAMI, FL 33189 US	Mailing Address PO BOX 571357 MIAMI, FL 33257-1357 US
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20044326



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04072005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-1569112		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 MORGAN, CHARLES O. JR. 1300 NW 167 STREET MIAMI, FL 33169		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

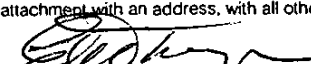
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MORAN, OSVALDO 12180 SW 87TH AVE MIAMI, FL 33176 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMPSON, E WALFORD 14743 SW 123 AVE MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Thompson, E. Walford 10201 Bahia Drive Miami, FL 33189 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, CRAIG G 207407 SW 86TH CT MIAMI, FL 33189 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Young, Craig G 19655 SW 119th Place Miami, FL 33177 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVELYN, PETER 551 DIPLOMAT CT MARCO ISLAND, FL 34145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CAMPBELL, MICHAEL 10845 SW 166 TERR MIAMI, FL 33157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Campbell, Michael 175 Montbrook Drive Jackson, MS 39206 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D Fraser, Lewis 12805 SW 84th Avenue Miami, FL 33156-6514 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  (E. Walford Thompson) April 18, 2005 (305) 234-7855

ATTACHMENT # 730887 / 20044326

10. OFFICERS & DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS & DIRECTORS IN 10	
Title Name Street Address City-St-Zip	D Mc Clure, Ted 7945 SW 173 Terrace Miami, FL 33157	Title Name Street Address City-St-Zip	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Title Name Street Address City-St-Zip	S/D Stevens, Richard 5966 SW 1st Court Cape Coral, FL 33914	Title Name Street Address City-St-Zip	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Title Name Street Address City-St-Zip	D Vasallo, Christopher 2605 Ponce De Leon Blvd. Coral Gables, FL 33134	Title Name Street Address City-St-Zip	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		Title Name Street Address City-St-Zip	<input type="checkbox"/> Change <input type="checkbox"/> Addition