2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005
Secretary of State

DOCUMENT# 761452

Entity Name: MIRACLE PRAYER TEMPLE, INC.

Current Principal Place of Business:

C/O JAMES H. BROWN
3215 AVE Q
FT. PIERCE, FL 34947 US

New Principal Place of Business:

Current Mailing Address:

C/O JAMES H. BROWN
P.O. BOX 0668
FT. PIERCE, FL 34954

New Mailing Address:

FEI Number: 59-2384237 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWN, JAMES H.
5200 MATANZAS AVE
FT. PIERCE, FL 34946 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: PD ( ) Delete
Name: BROWN, JAMES H.,
Address: 5200 MATANZAS AVE
City-St-Zip: FT. PIERCE, FL 34946

Title: VD ( ) Delete
Name: BROWN, PATRICIA A
Address: 5200 MATANZAS AVE
City-St-Zip: FORT PIERCE, FL 34946

Title: T ( ) Delete
Name: LOPEZ, CAROL
Address: 1203 N. 24TH ST
City-St-Zip: FORT PIERCE, FL 34950

Title: SD ( ) Delete
Name: MACK, SANDY
Address: 1006 N. 23RD ST.
City-St-Zip: FORT PIERCE, FL 34950

Title: D ( ) Delete
Name: BOOKER, ELLEN
Address: 524 N 27TH ST.
City-St-Zip: FORT PIERCE, FL 34947

Title: D ( ) Delete
Name: WAITHE, COURTNEY
Address: 2002 AVE 'N'
City-St-Zip: FORT PIERCE, FL 34950

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:

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: JAMES H. BROWN PD 01/13/2005
Electronic Signature of Signing Officer or Director — Date