

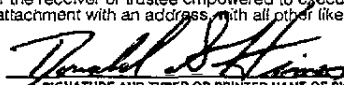
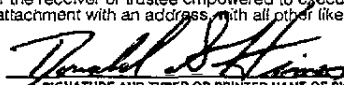
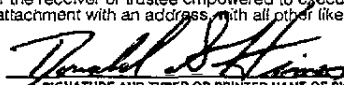


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 846989																																																				
<small>1. Entity Name</small> COVENANT, INC.																																																				
<small>Principal Place of Business</small> 104 NORTH 6TH SUITE 1 P.O. BOX 157 ATCHISON, KS 66002-0157	<small>Mailing Address</small> 2772 WILDWOOD DR CLEARWATER, FL 33761 US	 01072005 No Chg-NP CR2E037 (10/03) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 2px;"><small>4. FEI Number</small> 48-0857769</td><td style="width: 40%; padding: 2px;"><small>Applied For</small> <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;"><small>5. Certificate of Status Desired</small> <input type="checkbox"/> \$8.75 Additional Fee Required</td></tr></table>	<small>4. FEI Number</small> 48-0857769	<small>Applied For</small> <input type="checkbox"/> Not Applicable	<small>5. Certificate of Status Desired</small> <input type="checkbox"/> \$8.75 Additional Fee Required																																															
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<small>6. Name and Address of Current Registered Agent</small> HIMES, DONALD S 2772 WILDWOOD DR CLEARWATER, FL 33761		DO NOT WRITE IN THIS SPACE																																																		
<small>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.</small>																																																				
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<div style="text-align: right; padding-right: 50px;"><small>UN00000184001</small> <small>01/20/05-80013-001 61.25</small></div> <div style="text-align: center; padding: 20px;">DO NOT WRITE IN THIS SPACE</div>																																																				
<small>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.</small>																																																				
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