

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 01, 2006  
Secretary of State**

DOCUMENT# 846989

Entity Name: COVENANT, INC.

**Current Principal Place of Business:**

104 NORTH 6TH SUITE 1  
P.O. BOX 157  
ATCHISON, KS 660020157

**New Principal Place of Business:**

**Current Mailing Address:**

2772 WILDWOOD DR  
CLEARWATER, FL 33761 US

**New Mailing Address:**

FEI Number: 48-0857769      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

HIMES, DONALD S  
2772 WILDWOOD DR  
CLEARWATER, FL 33761 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: P      ( ) Delete  
Name: THOMAS, DEB &, HARRY  
Address: 2281 S. YOUNGFIELD ST.  
City-St-Zip: DENVER, CO 80228

Title: S      ( ) Delete  
Name: BURDGE, BRENT & CARO, LE  
Address: 1 BIRCH KNOLE ROAD  
City-St-Zip: WILMINGTON, DE 19810

Title: T      ( ) Delete  
Name: MALRIAT, STEVE & CIN, DY  
Address: 1086 W. KING RDS-113  
City-St-Zip: MALVERN, PA 19355

Title: D      ( ) Delete  
Name: HIGGINS, EARL & EUNI, CE  
Address: 701 OAKMONT  
City-St-Zip: HASTINGS, NE 68901

Title: D      ( ) Delete  
Name: HANES, TIM &, LINDA  
Address: 7607 WINDSOR DR  
City-St-Zip: DUBLIN, OH 43016

Title: D      ( ) Delete  
Name: WHITE, DON & VIVIAN,  
Address: P.O. BOX 351  
City-St-Zip: BUFFALO, TX 75831

**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 Chapter 119, 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: MALRIAT, STEVE & CINDY

D

05/01/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date