


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

**FILED**  
**May 10, 2006 8:00 am**  
**Secretary of State**

05-10-2006 90103 020 \*\*\*\*61.25

<b>DOCUMENT # F04000006534</b> 1. Entity Name <b>KINGDOM FIRST MINISTRIES INTERNATIONAL INC.</b>	
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Principal Place of Business <b>4 1/2 MILES SITTE RIVER ROAD SITTEE RIVER VILLAGE BELIZE,</b>	Mailing Address <b>1716 N.W. 5TH AVENUE HOMESTEAD, FL 33030</b>
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**DO NOT WRITE IN THIS SPACE**

**60037981**



01062006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applied
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>POUND, THOMAS B 1716 N.W. 5TH AVENUE HOMESTEAD, FL 33030</b>
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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 registering) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POUND, THOMAS B 4 1/2 MILES SITTEE RIVER ROAD SITTEE RIVER VILLAGE, BELIZE,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TIUL, SIMEON 28 LAMUX MAYA MOPAN, BELIZE,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TIUL, MIRIAM 28 LAMUX MAYA MOPAN, BELIZE,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE 