


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # F51490
 1. Entity Name
 DIOCESAN PUBLICATIONS, INC.



Principal Place of Business
 500 S LAKE DESTINY DR
 ORLANDO, FL 32810-6249 US

Mailing Address
 500 S LAKE DESTINY DR
 ORLANDO, FL 32810-6249 US



04212005 No Chg-P CR2E034 (10/03)

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4. FEI Number
 59-2199978

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZIELKE, ROBERT A SR
 500 S LAKE DESTINY DR
 ORLANDO, FL 32810-6249

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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 reinstating) DATE _____

AK# 26608 \$150.00 4/22/05
FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

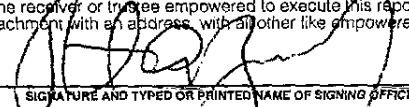
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GALANT, CARL J. 8416 N INTERREG HWY IH35 AUSTIN, TX 78753
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C ZIELKE, ROBERT A SR. 1700 S OCEAN BLVD 7-B POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT ZIELKE, ROBERT A. J 1256 ALEXANDRIA CT ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARSULOWICZ, CARLA A. 8572 BUTTERNUT BLVD. ORLANDO, FL 32817
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/26/05-80012-011 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, 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:  Robert A. ZIELKE JR. 04-22-05 (1407) 660-0001
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR. Date Daytime Phone #
 VICE PRES. - TREASURER