2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2006
Secretary of State

DOCUMENT# F99000002988

Entity Name: SHEKINAH OUTREACH INTERNATIONAL MINISTRIES INC.

Current Principal Place of Business:

4900 BIRCHSTONE LANE
ORLANDO, FL 32829

New Principal Place of Business:

Current Mailing Address:

PO BOX 780278
ORLANDO, FL 32868

New Mailing Address:

FEI Number: 11-3323061 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COPELAND, KAREN CPA
261 PLAZA DRIVE
SUITE A
OVIEDO, FL 32765 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: RAMPERSAD, CHRISTINA
Address: 4900 BIRCHSTONE LANE
City-St-Zip: ORLANDO, FL 32829

Title: V ( ) Delete
Name: LEACH, BARBARA
Address: 1018 PALM COVE DRIVE
City-St-Zip: ORLANDO, FL 32835

Title: T ( ) Delete
Name: JENNINGS, SONYA
Address: 9999 WOODBURY LANE
City-St-Zip: ORLANDO, FL 32828

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: RAMPERSAD, ROBIN
Address: 4900 BIRCHSTONE LANE
City-St-Zip: ORLANDO, FL 32829

Title: VPRE (X) Change ( ) Addition
Name: RAMPERSAD, CHRISTINA
Address: 4900 BIRCHSTONE LANE
City-St-Zip: ORLANDO, FL 32829

Title: T (X) Change ( ) Addition
Name: LEACH, BARBARA
Address: 1018 PALM COVE DRIVE
City-St-Zip: ORLANDO, FL 32835

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: CHRISTINA RAMPERSAD VP 04/30/2006

Electronic Signature of Signing Officer or Director — Date