2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000076031

1. Entity Name
KINGDOM FIRST, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 AUG -1 AM 9:28

Principal Place of Business	Mailing Address
1257 LEATHERWOOD DR ALTAMONTE SPRINGS, FL 32714	1257 LEATHERWOOD DR ALTAMONTE SPRINGS, FL 32714

03092005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
111 W MAGNOLIA AVE.	N/A
Suite, Apt. #, etc. 2nd FLOOR	Suite, Apt. #, etc.
City & State LONGWOOD, FL	City & State
Zip 32750 Country USA	Zip Country

4. FEI Number EIN-20-1825306 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MILANES, ELIDA R 1257 LEATHERWOOD DR ALTAMONTE SPRINGS, FL 32714	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Broker Elida R. Milanes 111 Magnolia Avenue Longwood, FL 32750	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 03/14/05 90590 001 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 900058397269 08/09/05--01057--015 **5.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Elida Milanes 3/9/05 407-332-9007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #