

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 08:00 AM
Secretary of State

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| DOCUMENT # N00000003443 |  |
| 1. Entity Name INTERNATIONAL PENTECOSTAL MINISTRY-CHRIST IS THE ANSWER, CORP. | |

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| Principal Place of Business 432 SW 10TH COURT DEERFIELD BEACH, FL 33064 | Mailing Address 1876 NE 53TH COURT DEERFIELD BEACH, FL 33064 |
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DO NOT WRITE IN THIS SPACE



04122005 No Chg-NP CR2E037 (10/03)

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| 4. FEI Number 65-0753051 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent DE FREITAS, LAURO BRAVIN 25 NE 2ND AVE DEERFIELD BEACH, FL 33441 | |
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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 _____


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| Filing Fee is \$61.25 Due by May 1, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD DE FREITAS, LAURO BRAVIN 1876 NE 53TH COURT POMPANO BEACH, FL 33064 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD DE JESUS, MARIA DO CARMO 1876 NE 53TH COURT POMPANO BEACH, FL 33064 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD DE LEO, ACHILLES A 5282 WELLESLEY DR #103 BOCA RATON, FL 33433 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD DE LEO, JULIANA G 5282 WELLESLEY DR #103 BOCA RATON, FL 33433 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2SD ERISTHENES, SOPHONIE 9171-C S.W. 5TH ST. BOCA RATON, FL 33487 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 2TD ROSTRAN, JULIO C 3040 N.E. 8TH AVE. POMPANO BEACH, FL 33064 |

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000000315499
04/19/05-80037-012 61.25

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 617, 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:  *vice - President* *04/12/05*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #