2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005866

Entity Name: NOEL WOODROFFE MINISTRIES, INC.

FILED Jun 07, 2006 Secretary of State

Date

Current Principal Place of Business: New Principal Place of Business:

8181 NW 36TH STREET 5727 NW 7TH STREET

 SUITE 20H
 SUITE 307

 DORAL, FL 33166
 MIAMI, FL 33126

Current Mailing Address: New Mailing Address:

8181 NW 36TH STREET 5727 NW 7TH STREET

SUITE 20H SUITE 307 DORAL, FL 33166 SUITE 307 MIAMI, FL 33126

FEI Number: 65-1035828 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WOODROFFE, NOEL C
8181 NW 36TH STREET
SUITE 20H
DORAL, FL 33166 US
WOODROFFE, NOEL C
5727 NW 7TH STREET
SUITE 307
MIAMI, FL 33126 US

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: NOEL WOODROFFE 06/07/2006

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD () Delete Title: PTD (X) Change () Addition
Name: WOODROFFE, NOEL C

Address: WOODROFFE, NOEL C

Address: F737 N.W. 7TH STREET, SHITE 207

Address: 8181 NW 36TH ST, SUITE 20H Address: 5727 NW 7TH STREET, SUITE 307

City-St-Zip: DORAL, FL 33166 City-St-Zip: MIAMI, FL 33126

Title:VD() DeleteTitle:VD(X) Change () AdditionName:WOODROFFE, CAMILLE JName:WOODROFFE, CAMILLE JAddress:8181 NW 36TH ST, SUITE 20HAddress:5727 NW 7TH STREET, SUITE 307

City-St-Zip: DORAL, FL 33166 City-St-Zip: MIAMI, FL 33126

Title: SD () Delete Title: () Change () Addition

 Name:
 JAMESON, MARLON
 Name:

 Address:
 #5 ARCADIA VILLAS CROWN ST, TACARIGUA
 Address:

 City-St-Zip:
 TRINIDAD - WEST INDIES, OC
 City-St-Zip:

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: NOEL WOODROFFE PTD 06/07/2006