2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006
Secretary of State

DOCUMENT# N00000006477

Entity Name: AL PAQUETTE MINISTRIES, INC.

Current Principal Place of Business:

1602 GEORGIA BLVD.
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

1602 GEORGIA BLVD.
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 59-3691487 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PAQUETTE, ALAN P
1602 GEORGIA BLVD.
ORLANDO, FL 32803 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: D ( ) Delete
Name: PAQUETTE, AL
Address: 1602 GEORGIA BLVD.
City-St-Zip: ORLANDO, FL 32803

Title: D ( ) Delete
Name: PAQUETTE, SHARON
Address: 1602 GEORGIA BLVD.
City-St-Zip: ORLANDO, FL 32803

Title: D ( ) Delete
Name: CHRISTENSEN, JOHN
Address: 1314 GOLFVIEW DR.
City-St-Zip: ORLANDO, FL 32804

Title: D ( ) Delete
Name: BOLANOS, MANUAL
Address: PO BOX 643
City-St-Zip: DEBARY, FL 32713

Title: D ( ) Delete
Name: PAGE, STEPHEN B
Address: 105 ARDSDALE COURT
City-St-Zip: LONGWOOD, FL 327503921

Title: D ( ) Delete
Name: LAW, JUDY
Address: 290 OAK PARK PLACE
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: LAW, JUDY
Address: 588 BRANTLEY TERRACE WAY #109
City-St-Zip: ALT. SPRINGS, FL 32714

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: SHARON PAQUETTE D 01/10/2006

Electronic Signature of Signing Officer or Director — Date