## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000007378

Entity Name: RESTORATION ANOINTED MINISTRY, INC.

FILED Mar 20, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
1209 SOUTH BEACH STREET						
#1020 DAYTONA BEACH, FL 32114						
Current Mailing Address:				New Mailing Address:		
1209 SOUTH BEACH STREET #1020 DAYTONA BEACH, FL 32114						
FEI Number:	57-1053253	FEI Number Applied For ( )	FEI Num	nber Not Appli	cable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:  Name and Address of New Registered Agent:						
PRESIDENT, PAULA R 8833 OLD KINGS ROAD SOUTH #315 JACKSONVILLE, FL 32257 US				PRESIDENT, PAULA R 262 WINTER SPRINGS WAY JACKSONVILLE, FL 32225 US		
The above in the State		ubmits this statement for the pur	rpose of	f changing it	s registered	d office or registered agent, or both,
SIGNATURE:				03/20/2006		
Electronic Signature of Registered Agent						Date
OFFICERS AND DIRECTORS:				ADDITION	S/CHANGE	ES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	ROBINSON, CHA	ACH STREET, #1020		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	D ()  BRYANT, ALBER 124 LEA AVE LONGWOOD, FI			Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	D () HOUGH, BOBBY 112 POWELL BI DAYTONA BEAC	.VD., APT. 4102		Title: Name: Address: City-St-Zip:		(X) Change()Addition BBY G L BLVD., APT. 4102 EACH, FL 32114
Title: Name: Address: City-St-Zip:	D ( ) I MORRIS, VOND 5938 TRAILWOO PORT ORANGE,	DD DRIVE		Title: Name: Address: City-St-Zip:	S PHILLIPS, M 1038 DEKLE APOPKA, FL	EVA DRIVE
Title: Name: Address: City-St-Zip:	ROBINSON-LIVII 1000 DOUGLAS	Delete NGSTON, VICTORIA AVENUE #170 RINGS, FL 32714		Title: Name: Address: City-St-Zip:	D ROBINSON- 365 CONCH SANFORD, I	
Title: Name: Address: City-St-Zip:	PRESIDENT, PA	S ROAD SOUTH #315		Title: Name: Address: City-St-Zip:		(X) Change () Addition ; PAULA R R SPRINGS WAY

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: PAULA R PRESIDENT D 03/20/2006