2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000030

Current Mailing Address:

Apr 28, 2005 Secretary of State

Entity Name: TRUTH TEMPLE INTERNATIONAL PRAYER PROPHETIC DELIVERANCE MINISTRY, INC.

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

20112 NW 12TH COURT 880 NW 202ND STREET MIAMI, FL 33169 MIAMI, FL 33169

20112 NW 12TH COURT 880 NW 202ND STREET

MIAMI, FL 33169 MIAMI, FL 33169

FEI Number: 31-1775799 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

New Mailing Address:

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

 FABIO, DEBRA
 FABIO, DEBRA

 20112 NW 12TH COURT
 880 NW 202ND STREET

 MIAMI, FL 33169 US
 MIAMI, FL 33169 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: 04/28/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: PD (X) Change () Addition

 Name:
 LINDO, DAWN A
 Name:
 LINDO, DAWN A

 Address:
 20112 NW 12TH COURT
 Address:
 880 NW 202ND STREET

 City-St-Zip:
 MIAMI, FL 33169
 City-St-Zip:
 MIAMI, FL 33169

Title: VD () Delete Title: VD (X) Change () Addition Name: CAMPBELL, MILTON A Name: CAMPBELL, MILTON A

 Address:
 20112 NW 12TH COURT
 Address:
 880 NW 202ND STREET

 City-St-Zip:
 MIAMI, FL 33169
 City-St-Zip:
 MIAMI, FL 33169

Title: TD (X) Delete Title: () Change () Addition

 Name:
 TAYLOR, OLIVER
 Name:

 Address:
 17980 NW 67TH AVENUE APT.B
 Address:

 City-St-Zip:
 MIAMI, FL 33055
 City-St-Zip:

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

 Name:
 LLEWELLYN, KRISTEN
 Name:

 Address:
 820 NW 207TH STREET
 Address:

 City-St-Zip:
 MIAMI, FL 33169
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KRISTEN LLEWELLYN SD 04/28/2005