

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90121 049 ****61.25

DOCUMENT # N01000005094

1. Entity Name
THE EL SHADDAI EXPLOSION, INC.



Principal Place of Business
**C/O PROPHETESS GLORIDA COLEMAN
4501 NW 26TH STREET
HOLLYWOOD, FL 33023**

Mailing Address
**C/O PROPHETESS GLORIDA COLEMAN
4501 NW 26TH STREET
HOLLYWOOD, FL 33023**

DO NOT WRITE IN THIS SPACE



01262006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-1123563

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COLEMAN, GLORIDA PROPHET
4501 SW 26TH ST
HOLLYWOOD, FL 33023**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME COLEMAN, GLORIDA
STREET ADDRESS 4501 SW 26TH ST
CITY-ST-ZIP HOLLYWOOD, FL 33023

TITLE D
NAME JONES, GERALD
STREET ADDRESS 5230 SW 24ST
CITY-ST-ZIP HOLLYWOOD, FL 33023

TITLE TD
NAME GAINES, ROBIN
STREET ADDRESS 1760 NW 29 TERR
CITY-ST-ZIP FT. LAUDERDALE, FL 33311

TITLE SD
NAME COLEMAN, THYSHALOM
STREET ADDRESS 4501 SW 26TH ST
CITY-ST-ZIP HOLLYWOOD, FL 33023

TITLE T
NAME COLEMAN, THYSHALOM *Tireh*
STREET ADDRESS 4501 SW 26 ST
CITY-ST-ZIP HOLLYWOOD, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/27/06