
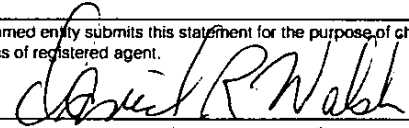



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90055 027 \*\*\*\*61.25

<b>DOCUMENT # N01000005577</b> 1. Entity Name <b>STRONG TOWER MINISTRIES INTERNATIONAL, INC.</b>					
Principal Place of Business <b>1321 SE 29TH ST CAPE CORAL, FL 33904</b>				Mailing Address <b>1321 SE 29TH ST CAPE CORAL, FL 33904</b>	
2. Principal Place of Business - No P.O. Box # <b>1513 N.W. 24th PL.</b>		3. Mailing Address <b>1513 N.W. 24th PL.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>CAPE CORAL FL.</b>		City & State <b>CAPE CORAL FL.</b>		4. FEI Number <b>65-1145132</b>	
Zip <b>33993</b>		Country <b>USA</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>DAVID R. WALSH 1321 SE 29TH ST. CAPE CORAL, FL 33904</b>			7. Name and Address of New Registered Agent Name <b>DAVID R. WALSH</b> Street Address (P.O. Box Number is Not Acceptable) <b>1513 N.W. 24th PL.</b> City <b>CAPE CORAL</b> <b>FL</b> Zip Code <b>33993</b>		
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  DATE <b>4/12/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALSH, DAVID R <input checked="" type="checkbox"/> Delete 1321 SE 29TH STREET CAPE CORAL, FL 33904				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALSH, VICTORIA <input checked="" type="checkbox"/> Delete 1321 SE 29TH STREET CAPE CORAL, FL 33904				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAURNTURE, KENNETH <input checked="" type="checkbox"/> Delete 1910 SE 16TH STREET CAPE CORAL, FL 33990				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALSH, DAVID R. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1513 N.W. 24th PL. CAPE CORAL, FL. 33993				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALSH, VICTORIA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1513 N.W. 24th PL. CAPE CORAL, FL. 33993				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAURNTURE, KENNETH <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2609 SE. 28th ST CAPE CORAL, FL. 33904				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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.					
<b>SIGNATURE:</b>  <b>DAVID R. WALSH</b> <b>4/12/07</b> <b>(397) 850-0739</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					