## **ANNUAL REPORT**

## FILED Apr 25, 2007 8:00 am Secretary of State

DOCUMENT # N0100005851  1. Ertity Name ANOINTED HOUSE OF PRAYER, INC.											007 9020:		**70.00
2 EAST COLLINS STREET P.O.				alling Address .0. BOX 235 MATILLA, FL 32784			40081785						
				Mailing Address									
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				01232007	Chg	-NP	CR2E0	37 (12/06)	
City & State			Cit	City & State				4. FEI Numb 59-354				<del></del>	pplied For ot Applicable
Zip Country		Zip	Zip (		intry	5. Certificate			ıs Desired		\$8.75 Ad Fee Require		
	в. Матре	and Address of Curre	nt Registere	d Agent				7. Name an	d Addre	ss of New	Registered A	Agent	
CDIECEI	e i iTDED	A O A				Name							
SPIEGEL 1840 SW 2		A, P.A.				Street A	ddress (F	P.O. Box Numi	her is No	1 Accenteh	(a)		
4TH FLOC								.0.000					
MIAMI, FL													
						City		<del></del>			FL	Zip Coo	ie .
8. The above	named entit	y submits this statement	for the purp	ose of changing its re	egistere	ed office or	registere	ed agent, or b	oth in the	a State of F		lamiliar with	and eccent
the obligat	tions of regist	tered agent.			_			•					,
SIGNATURE													
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	signature, typed	i or printed name of registered age	ant and tibe # app	ficable. (NOTE:	Regestered	d Agent aigned	ure required	when remptoting)			DATE		
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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.

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE 2010 TO SIGNATURE AND TYPED OR PRINTED HAME OF SIGNAM OFFICER OR DISECTOR 3/27/Dole Doyline Phone 6