2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006832

FILED Jun 02, 2005 Secretary of State

Entity Name: CHRISTIAN EMPOWERMENT OPPORTUNITIES, INC.

Current Principal Place of Business: New Principal Place of Business: 515 DR. MARY MCLEOD BETHUNE BLVD. DAYTONA BCH, FL 32114

Current Mailing Address: New Mailing Address:

515 DR. MARY MCLEOD BETHUNE BLVD. 532 DR. MARY MCLEOD BETHUNE BLVD. DAYTONA BCH, FL 32114 DAYTONA BCH, FL 32114

FEI Number: 80-0005542 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

COVINGTON, SYLVESTER 663 MADISON AVE. DAYTONA BCH, FL 32114 US

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete COVINGTON, SYLVESTER COVINGTON, SYLVESTER Name: Name:

Address: 663 MADISON AVE. Address: 532 DR MARY MCLEOD BETHUNE BLVD

City-St-Zip: DAYTONA BCH, FL 32114 City-St-Zip: DAYTONA BCH, FL 32114

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

Name: TAYLOR, KEVIN B Name: LEMMONS, GLORIA Address: 526 OAK ST. Address: 1006 SANDY TERRACE CT City-St-Zip: DAYTONA BCH, FL 32114 City-St-Zip: PORT ORANGE, FL 32129

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

GOODMAN, BETTY Name: Name: 515 DR MARY MCLEOD BETHUNE BLVD Address: Address: City-St-Zip: DAYTONA BEACH, FL 32114 City-St-Zip:

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

Name: HARDING, SHARON Name: 723 WINCHESTER ST. Address: Address: City-St-Zip: DAYTONA BCH, FL 32114 City-St-Zip:

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

FEATHERSTONE, BILL Name: Name: 515 DR. MM BETH=UNE BLVD. Address: Address: City-St-Zip: DAYTONA BEACH, FL 32114 City-St-Zip:

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

COVINGTON, GARRETTE COVINGTON, GARRETTE Name: Name:

Address: 663 MADISON AVE. Address: 532 DR MARY MCLEOD BETHUNE BLVD

DAYTONA BCH, FL 32114 City-St-Zip: DAYTONA BCH, FL 32114 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: SYLVESTER COVINGTON D 06/02/2005