2007 NOT-FOR-PROFIT CORPORATION

FILED ~ May 03, 2007 08:00 A Secretary of State **ANNUAL REPORT DOCUMENT # N01000007917** 1. Entity Name 4 WALKING IN POWER MINISTRY, INC. Principal Place of Business Mailing Address 3379 SW CR 341 3379 SW CR 341 US BELL, FL 32619 BELL, FL 32619 CR2E037 (4/06) 01032007 No Chg-NP DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0874195 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TICE, JAMES E DO NOT WRITE 12024 SW 270TH STREET NARANJA, FL 33032 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 (NOTE: Registered Agent aignature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be U00000760377 Trust Fund Contribution. Due by May 1, 2007 05/25/07-80010-004 61.25 10. OFFICERS AND DIRECTORS TITLE NAME DENNIS, SARAH STREET ADORESS 3379 SW CR 341 CITY-ST-ZIP BELL, FL 32619 TITLE NAME DENNIS, JAMES STREET ADDRESS 3379 SW CR 341 CITY-ST-ZIP BELL, FL 32619 TITLE NAME DENNIS, DONALD STREET ADDRESS 451 SE 8TH ST LOT 44 DO NOT WRITE CITY-ST-ZIP HOMESTEAD, FL 33030 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 addtess, with all other like empowered. with all other like empowered.

SIGNATURE: /

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS