2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008753

FILED Apr 30, 2005 Secretary of State

Entity Name: PRAISE-IN-MOTION CULTURAL ARTS CENTER, INC.

Current Principal Place of Business:		New Principal Plac	New Principal Place of Business:	
MIAMI, FL				
Current Mailing Address:		New Mailing Addr	New Mailing Address:	
PO BOX 5 MIAMI, FL				
FEI Number:	80-0026902	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
Name and	Address of C	urrent Registered Agent:	Name and Address	s of New Registered Agent:
	N, HOLLIE R 95TH LANE 33196 US			
Tl				
	named entity s e of Florida.	submits this statement for the p	ourpose of changing its registe	ered office or registered agent, or both,
	e of Florida.	submits this statement for the p	ourpose of changing its registe	ered office or registered agent, or both,
n the State	e of Florida. RE:	submits this statement for the particles in the particles in Signature of Registered Ago		Pred office or registered agent, or both, Date
in the State	e of Florida. RE:	ic Signature of Registered Ag	ent	
n the State SIGNATUF OFFICER: Title: Name: Address:	e of Florida. RE: Electroni S AND DIRECT	ic Signature of Registered Ago FORS: Delete LLIE R H LANE	ent	Date
n the State SIGNATUF OFFICERS Title: Name: Address: City-St-Zip: Title: Name: Address:	Electronics AND DIRECT DPT () HARDISON, HOI 15615 SW 95TH MIAMI, FL 3319	ic Signature of Registered Ago FORS: Delete LLIE R H LANE 96 Delete LLY A AVE	ent ADDITIONS/CHAN Title: Name: Address:	Date IGES TO OFFICERS AND DIRECTORS
in the State	E of Florida. RE: Electroni S AND DIRECT DPT () HARDISON, HOI 15615 SW 95TH MIAMI, FL 3319 DS () PADGETT, SHE 185-18 FONDA, ST ALBANS, NY	ic Signature of Registered Age FORS: Delete LLIE R H LANE Delete LLY A AVE 11412 Delete REN DR	ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address:	Date IGES TO OFFICERS AND DIRECTORS () Change () Addition

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: HOLLIE R. HARDISON DPT 04/30/2005