


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2006 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N01000008753</b> 1. Entity Name PRAISE-IN-MOTION CULTURAL ARTS CENTER, INC.	
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Principal Place of Business 15615 SW 95TH LANE MIAMI, FL 33196	Mailing Address PO BOX 560283 MIAMI, FL 33256
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**DO NOT WRITE IN THIS SPACE**



05042006 No Chg-NP CR2E037 (4/06)

4. FEI Number 80-0026902	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

HARDISON, HOLLIE R  
15615 SW 95TH LANE  
MIAMI, FL 33196

**DO NOT WRITE 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$81.25 Due by September 8, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT HARDISON, HOLLIE R 15615 SW 95TH LANE MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PADGETT, SHELLY A 185-18 FONDA AVE ST ALBANS, NY 11412
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FITZHUGH, KAREN DR 4504 JOHN ST SUITLAND, MD 20740
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEFFERSON-WILSON, PHILICIA DR 10600 WELLINGTON FREDERICKSBURG, VA 22407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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.

**SIGNATURE:** *Hollie R. Hardison* **5/4/06** **305-546-9304**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #