

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000001216

1. Entity Name
ETERNAL KINGDOM INC.



Principal Place of Business

5103 BUTLER RIDGE DR
WINDERMERE, FL 34786

Mailing Address

5103 BUTLER RIDGE DR
WINDERMERE, FL 34786



04252006 No Chg-NP

CR2E037 (11/05)

4. FEI Number

03-0392996

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROWELL, JOSEPH C
5103 BUTLER RIDGE DR
WINDERMERE, FL 34786

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

000000549371
05/13/06-80016-022 61.25

10. OFFICERS AND DIRECTORS

TITLE D
NAME ROWELL, JOSEPH C
STREET ADDRESS 5103 BUTLER RIDGE DR
CITY-ST-ZIP WINDERMERE, FL 34786

TITLE D
NAME DRURY, MARIE
STREET ADDRESS 1137 DINGENS AVE
CITY-ST-ZIP GOTH A, FL 34734

TITLE D
NAME VERNACE, MARY A
STREET ADDRESS 8524 SUGAR PLUM CT
CITY-ST-ZIP ORLANDO, FL 32835

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-06

Date

Daytime Phone #