


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000001423	
1. Entity Name TONY ACCILIEN EVANGELISTIC ASSOCIATION, INC.	

Principal Place of Business 3812 EAST LAKE TERRACE MIRAMAR, FL 33023 US	Mailing Address 3812 EAST LAKE TERRACE MIRAMAR, FL 33023 US
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09062005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0618813	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ACCILIEN, ANTHONY 3812 EAST LAKE TERRACE MIRAMAR, FL 33023	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
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Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE P	NAME ACCILIEN, ANTHONY STREET ADDRESS 3812 EAST LAKE TERRACE CITY-ST-ZIP MIRAMAR, FL 33023
TITLE VP	NAME SIDO, ALBERT STREET ADDRESS 2551 NW 56 AVE CITY-ST-ZIP LAUDERHILL, FL 33313
TITLE S	NAME NICOLAS, MARIE STREET ADDRESS 145 NE 191 STREET CITY-ST-ZIP NORTH MIAMI BEACH, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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09/12/05-80001-009 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>Anthony Accilien</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<i>Anthony Accilien</i> Date	<i>9/13/05</i> Daytime Phone # <i>954 244 552</i>
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