2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 21, 2005
Secretary of State

DOCUMENT# N02000002590

Entity Name: KINGDOM LIFE INTERNATIONAL MINISTRIES, INC.

Current Principal Place of Business:

20535 N.W. 2ND AVENUE
SUITE 201
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

20535 N.W. 2ND AVENUE
SUITE 201
MIAMI, FL 33169

New Mailing Address:

FEI Number: 20-0966885 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALKER, NICOLE
20535 N.W. 2ND AVENUE
SUITE 201
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: WALKER, NICOLE L
Address: 20535 N.W. 2ND AVENUE, SUITE 201
City-St-Zip: MIAMI, FL 33169

Title: D ( ) Delete
Name: WALKER, TYRONE
Address: 20535 N.W. 2ND AVENUE, SUITE 201
City-St-Zip: MIAMI, FL 33169

Title: D ( ) Delete
Name: WALKER, REATHA
Address: 20535 N.W. 2ND AVENUE, SUITE 201
City-St-Zip: MIAMI, FL 33169

Title: D ( ) Delete
Name: BLACKMAN, KATTISHA
Address: 20535 N.W. 2ND AVENUE 201
City-St-Zip: MIAMI, FL 33169

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SEC ( ) Change (X) Addition
Name: WALKER, DEREK
Address: 20535 N. W. 2ND AVE SUITE 201
City-St-Zip: MIAMI, FL 33169 US

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: NICOLE WALKER PRES 11/21/2005

Electronic Signature of Signing Officer or Director — Date