

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002731

FILED
Mar 29, 2006
Secretary of State

Entity Name: MIRROR IMAGE MINISTRIES INC.

Current Principal Place of Business:

415 LUND CIRCLE
MELBOURNE, FL 32901

New Principal Place of Business:

1894 CROTON RD
MELBOURNE, FL 32935

Current Mailing Address:

415 LUND CIRCLE
MELBOURNE, FL 32901

New Mailing Address:

1894 CROTON RD
MELBOURNE, FL 32935

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAYNE, ALAN JR.
415 LUND CIRCLE
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

PAYNE, ALAN JR.
1894 CROTON RD
MELBOURNE, FL 32935 US

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:

03/29/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PAYNE, ALAN JR.
Address: 415 LUND CIR
City-St-Zip: MELBOURNE, FL 32901

Title: VD () Delete
Name: PAYNE, GEORGIANNA
Address: 415 LUND CIR
City-St-Zip: MELBOURNE, FL 32901

Title: D () Delete
Name: PAYNE, MYRIA
Address: 415 LUND CIR
City-St-Zip: MELBOURNE, FL 32901

Title: D () Delete
Name: PAYNE, GABRIEL
Address: 415 LUND CIR
City-St-Zip: MELBOURNE, FL 32901

Title: D () Delete
Name: PAYNE, ALAN
Address: 7481 24ST
City-St-Zip: SACRAMENTO, CA 95822

Title: D () Delete
Name: PAYNE, ROBIN
Address: 7481 24ST
City-St-Zip: SACRAMENTO, CA 95822

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PAYNE, ALAN JR.
Address: 1894 CROTON RD
City-St-Zip: MELBOURNE, FL 32935

Title: D (X) Change () Addition
Name: PAYNE, GEORGIANNA
Address: 415 LUND CIR
City-St-Zip: MELBOURNE, FL 32901

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

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

Title: VD (X) Change () Addition
Name: PAYNE, ALAN
Address: 7481 24ST
City-St-Zip: SACRAMENTO, CA 95822

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ALAN PAYNE JR

PD

03/29/2006

Electronic Signature of Signing Officer or Director

Date