


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90408 004 \*\*\*\*61.25

<b>DOCUMENT #</b> N02000005394	
<b>1. Entity Name</b> DIANNA BROWN MINISTRIES, INC.	

<b>Principal Place of Business</b> 708 BAYOU AVE. STUART FL 34994	<b>Mailing Address</b> 708 BAYOU AVE. STUART FL 34994
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<b>2. Principal Place of Business - No P.O. Box #</b> 708 Bayou Ave	<b>3. Mailing Address</b> 708 Bayou Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

<b>City &amp; State</b> Stuart Florida	<b>City &amp; State</b> Stuart Florida
<b>Zip</b> 34994	<b>Zip</b> 34994
<b>Country</b> Martin	<b>Country</b> Martin

<b>4. FEI Number</b> 56-2385018	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  BROWN, DIANNA 708 BAYOU AVE. STUART FL 34994
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<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O.-Box Number is Not Acceptable)
City
FL Zip Code

**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

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2007</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> PD	<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> BROWN, DIANNA		<b>NAME</b>	
<b>STREET ADDRESS</b> 708 BAYOU AVE.		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> STUART FL 34994		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> SD	<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> BROWN, DIANE D		<b>NAME</b>	
<b>STREET ADDRESS</b> 708 BAYOU AVE.		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> STUART FL 34994		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> TD	<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> HENDERSON, TRACY		<b>NAME</b>	
<b>STREET ADDRESS</b> 708 BAYOU AVE		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> STUART FL 34994		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Dianna Brown 4/12/07 772-219-2454