

FILED

Sep 11, 2006 8:00 am  
Secretary of State

09-11-2006 90005 015 \*\*\*\*70.00

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                       |                                                                                     |                                                                                                                                                                                                                                |                                                                                   |                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # N02000005679</b><br>1. Entity Name<br><b>LET ME TELL YOU A STORY MINISTRIES, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                       |                                                                                     |                                                                                                                                                                                                                                |  |                                                                   |
| Principal Place of Business<br><b>P. O. BOX 5782<br/>HOLLYWOOD, FL 33083</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                       |                                                                                     | Mailing Address<br><b>P. O. BOX 5782<br/>HOLLYWOOD, FL 33083</b>                                                                                                                                                               |                                                                                   |                                                                   |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                       |                                                                                     | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                                                                                                                                      |                                                                                   |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                       |                                                                                     | City & State                                                                                                                                                                                                                   |                                                                                   |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                       | Country                                                                             |                                                                                                                                                                                                                                | Zip                                                                               |                                                                   |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                       | Country                                                                             |                                                                                                                                                                                                                                | 4. FEI Number<br><b>NOT APPLICABLE</b>                                            |                                                                   |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       |                                                                                     |                                                                                                                                                                                                                                | Applied For<br><input type="checkbox"/> Not Applicable                            |                                                                   |
| 6. Name and Address of Current Registered Agent<br><br><b>GARLAND-BRUNO, JANET L<br/>1918 GRANT ST., UNIT 3<br/>HOLLYWOOD, FL 33020</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                       |                                                                                     | 7. Name and Address of New Registered Agent<br>Name <b>Janet L. Garland-Bruno</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>6820 Charleston Street</b><br>City <b>Hollywood</b> <b>FL</b> Zip Code <b>33024</b> |                                                                                   |                                                                   |
| 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 <u><i>Janet L. Garland-Bruno</i></u> <span style="float: right;">9/5/06</span><br><small>Signature, typed or printed name of registered agent and sign if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                         |                                                                       |                                                                                     |                                                                                                                                                                                                                                |                                                                                   |                                                                   |
| Filing Fee is \$61.25<br>Due by September 15, 2006                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                       | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                                                                                | \$5.00 May Be<br>Added to Fees                                                    |                                                                   |
| Make check payable to<br>Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                       |                                                                                     |                                                                                                                                                                                                                                |                                                                                   |                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                                                                                          |                                                                                   |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PD<br>GARLAND-BRUNO, JANET L<br>P. O. BOX 5782<br>HOLLYWOOD, FL 33083 | <input type="checkbox"/> Delete                                                     |                                                                                                                                                                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DT<br>BRUNO, EDWIN A<br>P. O. BOX 5782<br>HOLLYWOOD, FL 33083         | <input type="checkbox"/> Delete                                                     |                                                                                                                                                                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SD<br>GARLAND, MARK-ASHLEY J<br>P. O. BOX 5782<br>HOLLYWOOD, FL 33083 | <input type="checkbox"/> Delete                                                     |                                                                                                                                                                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                       | <input type="checkbox"/> Delete                                                     |                                                                                                                                                                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                       | <input type="checkbox"/> Delete                                                     |                                                                                                                                                                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                       | <input type="checkbox"/> Delete                                                     |                                                                                                                                                                                                                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 prior like empowered. |                                                                       |                                                                                     |                                                                                                                                                                                                                                |                                                                                   |                                                                   |
| SIGNATURE: <u><i>Janet L. Garland-Bruno</i></u> <span style="float: right;">9/5/06 (954) 274-9827</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |                                                                                     |                                                                                                                                                                                                                                |                                                                                   |                                                                   |