

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006656

FILED
Apr 28, 2006
Secretary of State

Entity Name: DAVID WALKER MINISTRIES INC.

Current Principal Place of Business:

6600 SW 63CT
MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

6600 SW 63CT
MIAMI, FL 33143

New Mailing Address:

FEI Number: 30-0147291

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, DAVID E
6600 SW 63CT
MIAMI, FL 33143 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: PD () Delete
Name: WALKER, DAVID E
Address: 6600 SW 63CT
City-St-Zip: MIAMI, FL 33143

Title: VD () Delete
Name: WALKER, ABBY
Address: 6600 SW 63CT
City-St-Zip: MIAMI, FL 33143

Title: SD () Delete
Name: WALKER, BEVERLY
Address: 11355 SW 152 TERR.
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: WALKER, ABBY
Address: 6600 SW 63CT
City-St-Zip: MIAMI, FL 33143

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: DAVID E WALKER

PD

04/28/2006

Electronic Signature of Signing Officer or Director

Date