

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 26, 2005  
Secretary of State**

DOCUMENT# N03000001188

Entity Name: DAVID AND TERRI'S KINGDOM FINANCE ACCOUNT INC.

**Current Principal Place of Business:**

17408 MAGNOLIA ISLAND BLVD.  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

17408 MAGNOLIA ISLAND BLVD.  
CLERMONT, FL 34711

**New Mailing Address:**

FEI Number: 26-0060512      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHADSEY, THERESA A  
17408 MAGNOLIA ISLAND BLVD.  
CLERMONT, FL 34711 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: T ( ) Delete  
Name: CHADSEY, THERESA A  
Address: 17408 MAGNOLIA ISLAND BLVD  
City-St-Zip: CLERMONT, FL 34711 US

Title: TVP ( ) Delete  
Name: CHADSEY, DAVID T  
Address: 17408 MAGNOLIA ISLAND BLVD  
City-St-Zip: CLERMONT, FL 34711 US

Title: D ( ) Delete  
Name: FAULKNER, ROBIN  
Address: 26934 INDIAN RIDGE  
City-St-Zip: YALAHA, FL 34797

Title: D ( ) Delete  
Name: COX, DAVID  
Address: 514 N. WOODLANDS ST.  
City-St-Zip: WINTER GARDEN, FL 34787

**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:

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: DAVID T. CHADSEY

TVP

04/26/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date