


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90227 026 ****61.25

DOCUMENT # N03000001188

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



Principal Place of Business
**441 SEMINOLE RD.
 BABSON PARK, FL 33827**

Mailing Address
**441 SEMINOLE RD.
 BABSON PARK, FL 33827**

00010001



2. Principal Place of Business
 Suite, Apt. #, etc.:

3. Mailing Address
 Suite, Apt. #, etc.:

03272006 Chg-NP CR2E037 (11/05)

City & State

Zip Country

4. FEI Number
26-0060512

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CHADSEY, THERESA A
 17408 MAGNOLIA ISLAND BLVD.
 CLERMONT, FL 34711**

7. Name and Address of New Registered Agent

Name **Theresa A. Chadsey**

Street Address (P.O. Box Number is Not Acceptable)
441 Seminole Rd

City **Babson Park** FL Zip Code **33827**

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: *Theresa A. Chadsey* DATE: **4/24/06**

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHADSEY, THERESA A 17408 MAGNOLIA ISLAND BLVD CLERMONT, FL 34711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVP CHADSEY, DAVID T 17408 MAGNOLIA ISLAND BLVD CLERMONT, FL 34711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAULKNER, ROBIN 26934 INDIAN RIDGE YALAHUA, FL 34797 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COX, DAVID 514 N. WOODLANDS ST. WINTER GARDEN, FL 34787 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 other like empowered.

SIGNATURE: *Theresa A. Chadsey* DATE: **4/24/06** DAYTIME PHONE #: **321/287-4445**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR