2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003740

City-St-Zip: TAMPA, FL 33614

Entity Name: EXALTED WORD MINISTRIES INC

FILED Jan 14, 2006 Secretary of State

Littly Na	ille. EXALTE	D WORD WIINSTRIES, INC.				
Current P	rincipal Plac	e of Business:	New Principal Place of Business:			
611 GAY F SEFFNER	RD R, FL 33584					
Current M	lailing Addre	ss:	New Mailing Address:			
611 GAY F SEFFNER	RD R, FL 33584					
FEI Number	: 55-0827213	FEI Number Applied For()	FEI Number Not App	licable () Certii	ficate of Status Desired (X)	
Name and	d Address of	Current Registered Agent:	Name and	Address of New R	egistered Agent:	
ELLIS, AN 611 GAY F SEFFNER		US				
	e named entity e of Florida.	submits this statement for the p	ourpose of changing i	ts registered office o	r registered agent, or both,	
SIGNATUI	RE:					
	Electro	nic Signature of Registered Age	ent		Date	
OFFICER	S AND DIREC	CTORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P (ELLIS, RONAL 611 GAY RD SEFFNER, FL		Title: Name: Address: City-St-Zip:	ELLI (X) Chang ELLIS, RONALD L 611 GAY RD SEFFNER, FL 33584	ge () Addition	
Title: Name: Address: City-St-Zip:	V (ELLIS, ANN 611 GAY ROA SEFFNER, FL		Title: Name: Address: City-St-Zip:	()Chang	e () Addition	
Title: Name: Address: City-St-Zip:	LAWRENCE, F	TREET NORTH	Title: Name: Address: City-St-Zip:	() Chang	e () Addition	
Title: Name: Address: City-St-Zip:	O (ADETULA, OLA 1231 ALPINE I BRANDON, FL	_AKE DR	Title: Name: Address: City-St-Zip:	()Chang	e () Addition	
Title: Name: Address:	S (IGLESIAS, NA 4534 WEST P.		Title: Name: Address:	()Chang	e () Addition	

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.

City-St-Zip:

SIGNATURE: RONALD ELLIS P 01/14/2006