2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 09, 2006 8:00 am Secretary of State

DOCUMENT # N0300005337 1. Entity Name PRAYER IN ACTION MINISTRY CORPORATION							03-09-2006 90157 048 ****70.00					
Principal Place of Business 1430 SW 85 COURT MIAMI, FL 33144-4025 Mailing Address 1430 SW 85 COURT MIAMI, FL 33144-4025					<u> </u>		i (FRING) SII	TOIRE (INI ER) TRM O	Pril 6814 68151	RIPO HIND INIL T	eliel el leñi	
2. Principal P	Place of Business	3. Maii	ing Address									
Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.				03072006	Chg-NP	CR2E0	37 (11/05)		
City & State		City	City & State				4. FEI Numbe 56-251(pplied For	
Zip	Zip Country		Zip		Country		5. Certificate	of Status Desired		\$8.75 Ad Fee Require	ditional	
	6. Name and Address of Curre	nt Registere	d'Agent			7	/. Name and	Address of New	Registered	Agent	<u> </u>	
CICDE DO	70E				Name							
SICRE, ROSIE 1430 SW 85 COURT MIAMI, FL 33144-4025					Street Ad	ddress (P.C	D. Box Numbe	r is Not Acceptab	ole)			
					City				FL	Zip Coo	de	
8 The above	named entity submits this statement	t for the nurre	on of changing its	rogistor	od office or	rogistored	noont or both	h in the State of E		- 1	and account	
the obligat	tions of registered agent.		or o	- Togoto.		, og (0, 0, 0	agoin, or son	ii, iii bio dialo o	(C100)	Territoria William	, and adoop.	
	Signature, typed or printed name of registered ag	ent and title if appl	icable. (NOT	É: Registere	d Agent signatur	re required who	en reinstating)		DATE			
	Signature, typed or printed name of registered age Filling Fee is \$61.25 Due by May 1, 2006	ent and title if eppi	9. Election Car Trust Fund C	npaign F	inancing	_ \$	5.00 May Bodded to Fees	, i	DATE Make checorida Depar			
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12. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

3/1/06 (308) 266-3791.