2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006002

FILED Apr 30, 2006 Secretary of State

Entity Name: MISSION ON PRAISE MINISTRIES, INC.

Current Principal Place of Business: New Principal Place of Business: PO BOX 382144 MIAMI, FL 332382144 **Current Mailing Address: New Mailing Address:** PO BOX 382144 MIAMI, FL 332382144 FEI Number: 20-0093658 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PIERRE, RUTH 761 NW 96TH STREET MIAMI, FL 33150 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete PIERRE, RUTH Name: Name: Address: 761 NW 96TH STREET Address: City-St-Zip: MIAMI, FL 33150 City-St-Zip: Title: Title: () Delete () Change () Addition Name: ALYN, CLARICE Name: Address: 3241 NW 212 STREET Address: City-St-Zip: MIAMI, FL 33056 City-St-Zip: Title: () Delete Title: (X) Change () Addition VICTOR, SERES Name: VICTOR, SERES Name: 19925 NW 28 AVE Address: Address: 19925 NW 28 AVE City-St-Zip: MIAMI, FL 33056 City-St-Zip: MIAMI, FL 33056 Title: () Delete Title: () Change () Addition Name: ALYN, FRANCIS Name: 3241 NW 212 STREET Address: Address: City-St-Zip: MIAMI, FL 33056 City-St-Zip: Title: Title: (X) Delete () Change () Addition HOLMES, CANDICE Name: Name: 1612 NW 42 STREET Address: Address: City-St-Zip: MIAMI, FL 33142 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.

Ρ SIGNATURE: PIERRE, RUTH 04/30/2006