## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000006565

Title:

Name:

Address:

City-St-Zip:

FILED Apr 26, 2005 Secretary of State

Entity Nan	1e: FIREWALI	. MINISTRIES, INC.			
Current Pr	incipal Place	of Business:	New Principal Place of Business:		
	ING LAKE DR CITY, FL 33330				
Current Ma	ailing Address	:	New Mailing Address:		
	ING LAKE DR DITY, FL 33330				
FEI Number:	06-1704451	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of Cu	ırrent Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
13044 SPR	EZ, ANDRES ING LAKE DR DITY, FL 33330	US			
The above in the State		ubmits this statement for the pu	rpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			nt	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD ()[ FERNANDEZ, AN 13044 SPRING L COOPER CITY, I	AKE DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () [ MAALOUF, MICH 2128 NOVA VILL DAVIE, FL 3331	AGE DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () E FERNANDEA, JA 13044 SPRING L COOPER CITY, I	AKE DR	Title: Name: Address: City-St-Zip:	() Change () Addition	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ANDRES FERNANDEZ PD 04/26/2005

( ) Delete

MAALOUF, TIFFANI

DAVIE, FL 33317

2128 NOVA VILLAGE DR

() Change () Addition