2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# N03000008358

Entity Name: ACTS ONE:EIGHT MINISTRIES, INC.

Current Principal Place of Business:

2882 LORETTO RD
JACKSONVILLE, FL 32223

New Principal Place of Business:

2883 LORETTO RD
JACKSONVILLE, FL 32223

Current Mailing Address:

P.O. BOX 351505
JACKSONVILLE, FL 322351505

New Mailing Address:

FEI Number: 68-0568526 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ATKINSON, SAM
2882 LORETTO RD
JACKSONVILLE, FL 32223 US

Name and Address of New Registered Agent:

ATKINSON, SAM
2883 LORETTO RD
JACKSONVILLE, FL 32223 US

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: _____ 04/27/2005
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: ATKINSON, SAM
Address: 2882 LORETTO RD
City-St-Zip: JACKSONVILLE, FL 32223

Title: DS ( ) Delete
Name: ATKINSON, JANICE
Address: 2882 LORETTO RD
City-St-Zip: JACKSONVILLE, FL 32223

Title: D ( ) Delete
Name: ATKINSON, JOHN
Address: 9855 REGENCY SQUARE BLVD APT 31
City-St-Zip: JACKSONVILLE, FL 32225

Title: DV (X) Delete
Name: SOVINE, ROGER
Address: 1612 RIVERGATE DR
City-St-Zip: JACKSONVILLE, FL 32223

Title: DT ( ) Delete
Name: HANSCOM, JOHN
Address: 12373 EAGLES CLAW LN
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: ATKINSON, SAM
Address: 2883 LORETTO RD
City-St-Zip: JACKSONVILLE, FL 32223

Title: DS (X) Change ( ) Addition
Name: ATKINSON, JANICE
Address: 2883 LORETTO RD
City-St-Zip: JACKSONVILLE, FL 32223

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: SAM ATKINSON P 04/27/2005
Electronic Signature of Signing Officer or Director — Date