## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03479

FILED Apr 23, 2005 Secretary of State

Entity Name: BLUE PRINT FOR REVIVAL MINISTRIES, INC.

	Principal Place of Business:	New Principal Place of Business:	
7560 SE 1	MMOCK RD.AT SELLARS RD. 183RD AVE., P O BOX 3086 EW, FL 344213086 US		
Current Mailing Address:		New Mailing Address:	
7560 SE 1	MMOCK RD.AT SELLARS RD. 183RD AVE., P O BOX 3086 EW, FL 344213086 US		
El Number	r: FEI Number Applied For (	) FEI Number Not Applicable (X) Certificate of Status Desired ( )	
Name and	d Address of Current Registered Agen	t: Name and Address of New Registered Agent:	
HIGHWA	LIAMS, ED J. Y 441 AT C-25 EW, FL 32620 US		
	e named entity submits this statement for te of Florida.	the purpose of changing its registered office or registered agent, or both,	
SIGNATU	IRE:		
	Electronic Signature of Registered	d Agent Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Nddress: Dity-St-Zip:	PD ( ) Delete MAC WILLIAMS, ED J., HIGHWAY 441 AT C-25 BELLEVIEW, FL	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:	
2 · P.			
itle: lame: lddress:	ST () Delete CRAIG, KIMBERLY A 460 SE 168TH CT SILVER SPRINGS, FL 34468	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:	
Title: Name: Address: Dity-St-Zip: Title: Name: Address: Dity-St-Zip:	CRAIG, KIMBERLY A 460 SE 168TH CT	Name: Address:	
itle: lame: kddress: City-St-Zip: Title: lame: kddress:	CRAIG, KIMBERLY A 460 SE 168TH CT SILVER SPRINGS, FL 34468  VD () Delete THOMAS, WALTER, ROUTE 1	Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address:	

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: ED J. MACWILLIAMS PD 04/23/2005