2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000506

FILED Jan 03, 2006 Secretary of State

Entity Name: FULL LIFE COVENANT MINISTRIES, INC.

Current Principal Place of Business: New Principal Place of Business:

6377 SINKOLA DR 1814 NEWMAN LANE TALLAHASSEE, FL 32312 TALLAHASSEE, FL 32312

Current Mailing Address: New Mailing Address:

P.O. BOX 38421 1814 NEWMAN LANE TALLAHASSEE, FL 323158421 TALLAHASSEE, FL 32312

FEI Number: 01-0804483 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:

LORENZO, JOSE B REV.
6377 SINKOLA DR
1814 NEWMAN LANE
TALLAHASSEE, FL 32312 US
TALLAHASSEE, FL 32312 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: REV. JOSE BLAS LORENZO, JR. 01/03/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: REV (X) Change () Addition Name: LORENZO, JOSE BLAS REV Name: LORENZO, JOSE BLAS REV

Address: P.O. BOX 38421 Address: 1814 NEWMAN LANE
City-St-Zip: TALLAHASSEE, FL 323158421 City-St-Zip: TALLAHASSEE, FL 32312

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.

SIGNATURE: JOSE BLAS LORENZO, JR. REV. 01/03/2006