2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# N04000000729

Entity Name: MINISTRY OF DIVINE TRUTH, INC.

Current Principal Place of Business:

21286 HUBBARD AVE..
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

21286 HUBBARD AVE..
PORT CHARLOTTE, FL 33952

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ADAMS, BRUCE
21286 HUBBARD AVE..
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

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:

Title: D ( ) Delete
Name: ADAMS, BRUCE
Address: 21286 HUBBARD AVE..
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D ( ) Delete
Name: SCHOENBAUM, PAT
Address: 4031 JARDIN LANE
City-St-Zip: SARASOTA, FL 34238

Title: D ( ) Delete
Name: OAKS, CHONG S
Address: 21286 HUBBARD AVE..
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR. (X) Change ( ) Addition
Name: ADAMS, BRUCE
Address: 21286 HUBBARD AVE..
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: DIR. (X) Change ( ) Addition
Name: MUCHMORE, CIARA
Address: 1040 SOUTHEAST 20TH AVE.
City-St-Zip: CAPE CORAL, FL 33990

Title: DIR. (X) Change ( ) Addition
Name: OAKS, CHONG S
Address: 21286 HUBBARD AVE..
City-St-Zip: PORT CHARLOTTE, FL 33952

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: BRUCE ADAMS DIR. 04/29/2005

Electronic Signature of Signing Officer or Director — Date