

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 16, 2005
Secretary of State**

DOCUMENT# N04000001585

Entity Name: BREAKING BARRIERS MINISTRY, INC.

Current Principal Place of Business:

205 CYPRESS ST.
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

205 CYPRESS ST.
KISSIMMEE, FL 34741

New Mailing Address:

159 IVY LANE APT D4
KISSIMMEE, FL 34743

FEI Number: 20-0471114

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORTES, HECTOR M JR.
205 CYPRESS STREET
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

CORTES, HECTOR M JR.
159 IVY LANE APT D4
KISSIMMEE, FL 34743 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: HECTOR M CORTES

03/16/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: CORTES, HECTOR M JR.
Address: 205 CYPRESS ST.
City-St-Zip: KISSIMMEE, FL 34741

Title: VC () Delete
Name: CORTES, MILDRED
Address: 205 CYPRESS ST.
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: CORTES, HECTOR M JR.
Address: 159 IVY LANE APT D4
City-St-Zip: KISSIMMEE, FL 34743

Title: VC (X) Change () Addition
Name: CORTES, MILDRED
Address: 159 IVY LANE APT D4
City-St-Zip: KISSIMMEE, FL 34743

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: HECTOR M CORTES

C

03/16/2005

Electronic Signature of Signing Officer or Director

Date