


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 14, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000002428 1. Entity Name ALLELUIA MINISTRIES, INC.	
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Principal Place of Business 12340 SW 185 ST MIAMI, FL 33177	Mailing Address PO BOX 570130 MIAMI, FL 33257-0130
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DO NOT WRITE IN THIS SPACE



08072006 No Chg-NP CR2E037 (4/06)

4. FEI Number 27-0078935	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JEUDY, JEAN MARIE 12340 SW 185 ST MIAMI, FL 33177
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee Is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	DP JEUDY, JEAN MARIE 12340 SW 185 ST MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY-ST- ZIP	DP JEUDY, JEAN MARIE 12340 SW 185 ST MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY-ST- ZIP	DV BELIZAIRE, JACQUES 12340 SW 185 ST MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY-ST- ZIP	DST JEUDY, ESTHER A 12340 SW 185 ST MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY-ST- ZIP	DST HUGUES, DELIMA 12340 SW 185 ST MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D LUCDOR, LUCNER 12340 SW 185 ST MIAMI, FL 33177

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08/14/06-80003-007 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	08-07-2006 3052568549
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>