


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000002479	
1. Entity Name E-FRESH MINISTRIES, INC.	

Principal Place of Business 3536 UNIVERSITY BOULEVARD NORTH, #111 JACKSONVILLE, FL 32277	Mailing Address 3536 UNIVERSITY BOULEVARD NORTH, #111 JACKSONVILLE, FL 32277
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DO NOT WRITE IN THIS SPACE



04302006 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-1573231	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

THOMAS, JOSEPH M
570 BROOKVIEW DRIVE NORTH
JACKSONVILLE, FL 32225

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE

Filing Fee is \$61.25 Due by May 1, 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	D THOMAS, JOSEPH M 570 BROOKVIEW DRIVE NORTH JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THOMAS, CONNIE T 570 BROOKVIEW DRIVE NORTH JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MATCHETT, STEPHEN W 3926 HIGH PINE RD JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MATCHETT, SALLY J 3926 HIGH PINE RD JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000561722
05/19/06-80025-025 61.25

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:  430-06 904-349-3909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #