## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000002652

FILED Aug 29, 2005 Secretary of State

Entity Name: CHRISTIAN ENTERTAINMENT GUIDE, INC.

Current Principal Place of Business:		New Principal Place of Business:	New Principal Place of Business:	
	5TH STREET Y, FL 34990 US			
urrent N	Nailing Address:	New Mailing Address:		
O BOX ALM CIT	1043 Y, FL 34990 US			
accordan	r: 20-1330832 FEI Number Applied For() nce with s. 607.193(2)(b), F.S., the corporation did n d Address of Current Registered Agent:	FEI Number Not Applicable ( ) Certificate of Status Desired not receive the prior notice.  Name and Address of New Registered Agent:	(X)	
		Name and Address of New Registered Agent.		
34 SW 3	Y, JO ANN 5TH STREET 'Y, FL 34990 US			
	e named entity submits this statement for the e of Florida.	purpose of changing its registered office or registered agent, c	or both	
GNATU	RE:			
	Electronic Signature of Registered Ag	gent Date		
FFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIR	ECTO	
ile: ame: ldress: ty-St-Zip:	P () Delete KEARNEY, JOANN 3473 SE JAKE COURT STUART, FL 34994 US	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:		
le: ime: ldress:	VP ( ) Delete BATTAGLIA, WILLIAM 934 SW 35TH STREET PALM CITY, FL 34990 US	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:		
y-St-Zip:				
le: ime: dress:	VP2 ( ) Delete HENRY, MICHEAL 5832 SE CABLE DRIVE STUART, FL 34997 FL	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:		
le: le: le: ldress: ly-St-Zip: le: le: le: ldress: le: le: le: ldress: ldress: ly-St-Zip:	HENRY, MICHÉAL 5832 SE CABLE DRIVE	Name: Address:		
le: me: dress: y-St-Zip: le: me: dress:	HENRY, MICHÉAL 5832 SE CABLE DRIVE STUART, FL 34997 FL  VP3 ( ) Delete JOHNSON, SELENA 7800 SE WOODVIEW DRIVE APT 3	Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address:		

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: JO ANN KEARNEY PRES 08/29/2005