2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# N04000004067

Entity Name: HOUSE OF DELIVERANCE AND PRAISE, INCORPORATED

Current Principal Place of Business:

17117 S.R. 45
ARCHER, FL 32618

New Principal Place of Business:

Current Mailing Address:

17117 S.R. 45
ARCHER, FL 32618

New Mailing Address:

FEI Number: 01-0837878 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PRIMOUS ROWE, SUSIE
17117 S.R. 45
ARCHER, FL 32618 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: T ( ) Delete
Name: PRIMOUS ROWE, SUSIE
Address: 17117 S.R. 45
City-St-Zip: ARCHER, FL 32618

Title: T ( ) Delete
Name: ROWE, EUGENE
Address: 17117 S.R. 45
City-St-Zip: ARCHER, FL 32618

Title: T ( ) Delete
Name: BROOKS, BARBARA
Address: 14415 SW 170 ST
City-St-Zip: ARCHER, FL 32618

Title: T ( ) Delete
Name: JAMES, TERRACE
Address: 3731 NE 20012 CT
City-St-Zip: WILLISTON, FL 32696

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: JAMES, TERRACE
Address: 3731 NE 212 CT
City-St-Zip: WILLISTON, FL 32696

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: SUSIE P. ROWE T 04/27/2006

Electronic Signature of Signing Officer or Director — Date