2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004335

FILED Jul 10, 2005 Secretary of State

Entity Name: TRUTH & POWER MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business: New Principal Place of Business:

318 SACRAMENTO ST P.O. BOX 1010

VALRICO, FL 33594 SAPULPA, OK 74067

Current Mailing Address: New Mailing Address:

318 SACRAMENTO ST P.O.BOX 1010

VALRICO, FL 33594 SAPULPA, OK 74067

FEI Number: 02-0721633 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 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:

Clarksonia Ciamakura of Daniakura d Annut

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PSTD () Delete
 Title:
 PSTD (X) Change () Addition

 Name:
 SMITH, ADAM
 Name:
 SMITH, ADAM

 Address:
 318 SACRAMENTO ST
 Address:
 P.O. BOX 1010

Address: 318 SACRAMENTO ST Address: P.O. BOX 1010

City-St-Zip: VALRICO, FL 33594 City-St-Zip: SAPULPA, OK 74067

Title: D () Delete Title: D (X) Change () Addition Name: SMITH, PATRICIA Name: DAVIS, STEVE

 Name:
 SMITH, PATRICIA
 Name:
 DAVIS, STEVE

 Address:
 318 SACRAMENTO ST
 Address:
 P.O. BOX 1010

 City-St-Zip:
 VALRICO, FL 33594
 City-St-Zip:
 SAPULPA, OK 74067

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

 Name:
 PATNODE, BROC
 Name:
 PATNODE, BROC

 Address:
 318 SACRAMENTO ST
 Address:
 P.O.BOX 1010

 City-St-Zip:
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 City-St-Zip:
 SAPULPA, OK 74067

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: ADAM SMITH PSTD 07/10/2005