

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004359

FILED
Feb 20, 2007
Secretary of State

Entity Name: TABERNACLE GROUP TRUST SERVICES INC

Current Principal Place of Business:

8017 N.E. 2 AVENUE
MIAMI, FL 33138

New Principal Place of Business:

Current Mailing Address:

P.O BOX 380851
MIAMI,, FL 33238

New Mailing Address:

FEI Number: 02-0721512

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEDD, KENNETH J
1460 N.W. 196 TERRACE
MIAMI, FL 33169 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: P () Delete
Name: NEDD, KENNETH J
Address: 1460 N.W. 196 TERRACE
City-St-Zip: MIAMI, FL 33169

Title: S () Delete
Name: THOMAS, RONALD
Address: 14280 BLUE ROAD
City-St-Zip: MIRAMAR, FL 33190

Title: T () Delete
Name: JAIRAM, DAREN
Address: 10048 S.W. 220 STREET
City-St-Zip: MIAMI, FL 33190

Title: D () Delete
Name: CARRINGTON, SELWYN DR.
Address: 20230 N.W. 4 AVENUE
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: MILLS, PHILIP
Address: 20250 S.W. 182 AVENUE
City-St-Zip: MIAMI, FL 33187

Title: D () Delete
Name: JAMES, ROOSEVELT
Address: 7137 N.W. 100 TERRACE
City-St-Zip: TAMARAC, FL 33321

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

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

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

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: DAREN JAIRAM

T

02/20/2007

Electronic Signature of Signing Officer or Director

Date