2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005461

FILED Apr 29, 2006 Secretary of State

Entity Name: SILOAM MISSION LOVE HOUSE CORP.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	POLLY PLACE EW, FL 32536	Ξ			
Current M	lailing Addres	s:	New Mailing Addres	s:	
	POLLY PLACE EW, FL 32536	Ξ			
FEI Number	: 04-3801175	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:	
STULTZ, . 806 AUNT CRESTVIE	JAMES S POLLY PLACE EW, FL 32536	E US			
The above					
	e named entity s e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both	
in the Stat	e of Florida. É RE:			d office or registered agent, or both	
n the State	e of Florida. É RE:	submits this statement for the iic Signature of Registered Ag		d office or registered agent, or both Date	
in the State	e of Florida. É RE:	ic Signature of Registered Ag	ent		
in the State SIGNATUI OFFICER Title: Name: Address:	e of Florida. RE: Electron S AND DIREC	ic Signature of Registered Ag TORS: Delete SUN LY PLACE	ent	Date	
in the State SIGNATUI OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	e of Florida. RE: Electron S AND DIREC P () STULTZ, HYE S 806 AUNT POLI CRESTVIEW, F	ic Signature of Registered Ag TORS: Delete SUN LY PLACE EL 32536 Delete S R LOVE	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTO	
in the State	e of Florida. RE: Electron S AND DIREC P () STULTZ, HYE S 806 AUNT POLI CRESTVIEW, F T () STULTZ, JAME: 503 D CHINAS FT. WALTON B	ic Signature of Registered Ag TORS: Delete SUN LY PLACE EL 32536 Delete S R LOVE CH, FL 32547 Delete //, UNCHU DOD LANE	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	Date ES TO OFFICERS AND DIRECTO () Change () Addition	

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: JAMES S. STULTZ MGR 04/29/2006