2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005753

FILED Mar 01, 2006 Secretary of State

Entity Name: WORDS OF ENCOURAGEMENT MINISTRY, INC.

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

REGENCY PINES #128 1786 SOUTH PARK AVE. ROCKLEDGE, FL TITUSVILLE, FL 32780

Current Mailing Address: New Mailing Address:

PO BOX 560512

ROCKLEDGE, FL 329560512

FEI Number: 56-2470410 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

RIVERS, JANETTE
515 HUNTINGTON LN #128
ROCKLEDGE, FL 32955 US
CAREY, JANETTE
1786 SOUTH PARK AVE
TITUSVILLE, FL 32780 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: JANETTE CAREY 03/01/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P () Delete Title: P (X) Change () Addition

 Name:
 RIVERS, JANETTE
 Name:
 CAREY, JANETTE

 Address:
 1515 HUNTINGTON LN
 Address:
 1786 SOUTH PARK AVE

 City-St-Zip:
 ROCKLEDGE, FL
 City-St-Zip:
 TITUSVILLE, FL
 32780

Title: D () Delete Title: () Change () Addition

 Name:
 MARTIN, DEBRA
 Name:

 Address:
 372 JOHNSON BLVD
 Address:

 City-St-Zip:
 COCOA, FL 32926
 City-St-Zip:

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

 Name:
 GUILFORD, MARCUS
 Name:
 GUILFORD, MARCUS

 Address:
 1515 HUNTINGTON LN
 Address:
 927 S. GEORGIA AVE

 City-St-Zip:
 ROCKLEDGE, FL
 City-St-Zip:
 ROCKLEDGE, FL

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

 Name:
 Name:
 GRAHAM, MATTHEW

 Address:
 Address:
 927 S. GEORGIA AVE

 City-St-Zip:
 City-St-Zip:
 ROCKLEDGE, FL 32955

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: JANETTE CAREY RA 03/01/2006