2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005
Secretary of State

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Entity Name: REALITY OF THIS LIFE WORLD WIDE MINISTRIES INC.

Current Principal Place of Business:

1719 KENYON CIRCLE APT. A
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

1719 KENYON CIRCLE APT. A
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 80-0111252 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MASHECK, CHRISTOPHER L
922 WOODSIDE CIRCLE APT C
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

MASHECK, CHRISTOPHER L
1719 KENYON CIRCLE APT.A
KISSIMMEE, FL 34741 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: CHRISTOPHER L. MASHECK 04/11/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: A ( ) Delete
Name: MASHECK, CHRISTOPHER L
Address: 922 WOODSIDE CIRCLE APT C
City-St-Zip: KISSIMMEE, FL 34741

Title: P ( ) Delete
Name: MASCHEK, JOANNA
Address: 922 WOODSIDE CIRCLE APT C
City-St-Zip: KISSIMMEE, FL 34741

Title: PA ( ) Delete
Name: LAVALLE, TIMOTHY S
Address: 1704 NW 3RD TERR APT 204
City-St-Zip: FLORIDA CITY, FL 33034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: A (X) Change ( ) Addition
Name: MASHECK, CHRISTOPHER L
Address: 1719 KENYON CIRCLE APT.A
City-St-Zip: KISSIMMEE, FL 34741

Title: P (X) Change ( ) Addition
Name: MASCHEK, JOANNA
Address: 1719 KENYON CIRCLE APT.A
City-St-Zip: KISSIMMEE, FL 34741

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 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: CHRISTOPHER L. MASHECK A 04/11/2005
Electronic Signature of Signing Officer or Director Date