


2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
May 30, 2007 08:00 A
Secretary of State

DOCUMENT # N04000007612 1. Entity Name KEYS TO THE KINGDOM MINISTRIES INC.	
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Principal Place of Business 8075 RAMSGATE RD. JACKSONVILLE, FL 32208	Mailing Address 8075 RAMSGATE RD. JACKSONVILLE, FL 32208
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DO NOT WRITE IN THIS SPACE



05222007 No Chg-NP CR2E037 (4/06)

4. FEI Number 26-0095657	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DAVIS, WILLIE JR. 8075 RAMSGATE RD. JACKSONVILLE, FL 32208	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, JAMETTA R 8075 RAMSGATE RD. JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAVIS, WILLIE 8075 RAMSGATE RD. JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PEOPLES, MATTIE M 8075 RAMSGATE RD. JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DORSEY, GLORIA J 8075 RAMSGATE RD. JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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06/01/07-80010-012 70.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Jametta R. Davis</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: 5-26-07 Daytime Phone #: 904-768-6521
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904-768-6521