2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005
Secretary of State

DOCUMENT# N04000009572

Entity Name: NEW DESTINY KINGDOM LIFE MINISTRIES, INC.

Current Principal Place of Business:

1830 NORTH MAIN ST.
KISSIMMEE, FL 34744

New Principal Place of Business:

Current Mailing Address:

1830 NORTH MAIN ST.
KISSIMMEE, FL 34744

New Mailing Address:

P.O. BOX 450097
KISSIMMEE, FL 34744

FEI Number: 20-1727295 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PHILLIPS, MICHAEL A
1830 NORTH MAIN ST.
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

PHILLIPS, MICHAEL A
335 LAKE HILL PLACE
APOPKA, FL 32703 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: _____ 04/15/2005
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PHILLIPS, MICHAEL A
Address: 1830 NORTH MAIN ST.
City-St-Zip: KISSIMMEE, FL 34744

Title: VD ( ) Delete
Name: PHILLIPS, SAMANTHA
Address: 1830 NORTH MAIN ST.
City-St-Zip: KISSIMMEE, FL 34744

Title: SD ( ) Delete
Name: WOODS, DRUVONDA
Address: 2008 N. BRACK ST.
City-St-Zip: KISSIMMEE, FL 34744

Title: TD ( ) Delete
Name: ENCARNACION, SYLVIA
Address: 226 STRATHMORE CIRCLE
City-St-Zip: KISSIMMEE, FL 34744

Title: D ( ) Delete
Name: ENCARNACION, JORGE
Address: 226 STRATHMORE CIRCLE
City-St-Zip: KISSIMMEE, FL 34744

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
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 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: MICHAEL A. PHILLIPS PD 04/15/2005
Electronic Signature of Signing Officer or Director — Date