

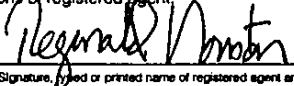



# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N04000011827</b> 1. Entity Name <b>CLEAN ACTS ENTERTAINMENT MINISTRY, INC.</b>						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS  06 JUL 27 PM 1:14 <b>REINSTATEMENT</b> 05-06 	
Principal Place of Business <b>P.O. BOX 442002 JACKSONVILLE, FL 32222</b>				Mailing Address <b>P.O. BOX 442002 JACKSONVILLE, FL 32222</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>HOUSTON, REGINALD B 6879 RIDGEVIEW DR. JACKSONVILLE, FL 32244</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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 				DATE <b>07/24/06</b>			
Signature (Hand or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating))				DATE			
<b>FILE NOW!!! FEE IS \$122.50</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD STEVENS, FRANKLIN M 4321 FENDER DR. JACKSONVILLE, FL 32210 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>800078378448</b> <b>08/04/06--01040--011 **131.25</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENKINS, EDDIE 8164 MABLE ST. JACKSONVILLE, FL 32244 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSELL, DORIS 435 BIGGS ST. JACKSONVILLE, FL 32204 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, DONELDA 19616 CONLEY ST. DETROIT, MI 48234 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, JAMES L SR. 7245 EUDINE DR. N. JACKSONVILLE, FL 32210 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, TRESSIE L 8508 BLAZING STAR RD. JACKSONVILLE, FL 32210 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 "X" next to all other like empowered.							
SIGNATURE: 				DATE <b>07/24/06</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DAYTIME PHONE # <b>9046737144</b>			