


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90342 020 ****61.25

DOCUMENT # N04000011879	
1. Entity Name ALL NATIONS WORSHIP MINISTRIES INTERNATIONAL, INC.	

Principal Place of Business 11852 ASHBROOK CIRCLE N. JACKSONVILLE, FL 32225	Mailing Address 11852 ASHBROOK CIRCLE N. JACKSONVILLE, FL 32225
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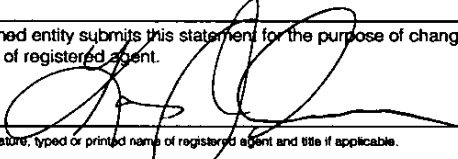
2. Principal Place of Business 96887 Blackrock Rd.	3. Mailing Address 96887 Blackrock Rd.
Suite, Apt. #, etc. Yulee, FL.	Suite, Apt. #, etc. Yulee, FL.
City & State 32097	City & State 32097
Zip USA	Country USA



04212006 Chg-NP CR2E037 (11/05)

4. FEI Number 72-1593644		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent JOHNSON, KEVIN W 11852 ASHBROOK CIRCLE N. JACKSONVILLE, FL 32225		
7. Name and Address of New Registered Agent Name same name - new address Street Address (P.O. Box Number is Not Acceptable) 96887 Blackrock Rd. City Yulee FL Zip Code 32097		

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.

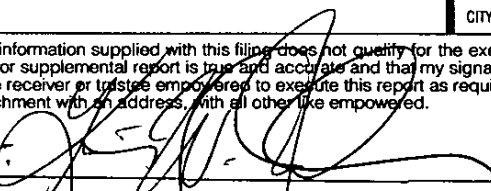
SIGNATURE  **President** DATE **4-21-06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHNSON, KEVIN W 11852 ASHBROOK CIRCLE N. JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Johnson, Kevin W. 96887 Blackrock Rd. Yulee, FL 32097 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOHNSON, ROBERT 96082 ESTATE DR YULEE, FL 32097 <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 SELF, JUSTIN 10293 CLASSIC OAK RD. N. JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D self, Justin 373 Dragonfly Lane S. Jacksonville, FL 32225 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SELF, RACHEL 10293 CLASSIC OAK RD. N. JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Self, Rachel 373 Dragonfly Lane S. Jacksonville, FL 32225 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Erickson, Duane 13474 Aquiline Rd Jacksonville, FL 32224 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 address, with all other like empowered.

Signature:  **4-21-06 (904) 335-0867**