

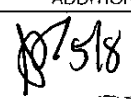


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N04242 1. Entity Name SOUNDING TRUMPET MINISTRIES, INC.						FILED 06 APR 27 AM 11:44 FLORIDA STATE 			
Principal Place of Business 2010 BELLA VISTA ST. LAKELAND FL 33805		Mailing Address 2010 BELLA VISTA ST. LAKELAND FL 33805							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
City & State		City & State		4. FEI Number 59-2502222		Applied For Not Applicable			
Zip		Country		Zip		Country			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
THOMPSON, ROXIE 1006 W. 13TH ST. LAKELAND FL 33805				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City					
				FL		Zip Code			
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 _____									
FILE NOW: 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	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	D <input type="checkbox"/> Delete	THOMPSON, ROXIE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	1006 W. 13TH ST.			NAME					
STREET ADDRESS	LAKELAND FL			STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
TITLE	STD <input type="checkbox"/> Delete	THOMPSON, ALONZO		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	1006 W. 13TH ST.			NAME	000074152350 05/08/06--01018--026 **\$61.25				
STREET ADDRESS	LAKELAND FL			STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
TITLE	D <input type="checkbox"/> Delete	SPANN, VICKIE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	308 OCONEE ST.			NAME	000074152350 05/08/06--01018--027 **\$8.75				
STREET ADDRESS	LAKELAND FL			STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME				NAME					
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME				NAME					
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME				NAME					
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Roxie Thompson* Roxie Thompson 4-11-06 863-686-4216