
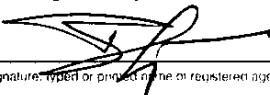


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 30, 2007 8:00 am
Secretary of State

07-30-2007 90061 038 ****61.25

DOCUMENT # N04552			
1. Entity Name MESSENGER MINISTRIES, INC.			
Principal Place of Business 4625 EAST BAY DRIVE #301 CLEARWATER FL 33764 US		Mailing Address POST OFFICE BOX 106 LARGO FL 33779 US	
2. Principal Place of Business - No P.O. Box # 1479 S. Belcher Rd Suite A		3. Mailing Address 5901 Mt Eagle Dr #402	
City & State Largo, FL		City & State Alexandria, VA	
Zip 33771	Country US	Zip 22303	Country US
6. Name and Address of Current Registered Agent KEYES, BENJAMIN 2419 15TH AVE N SAINT PETERSBURG FL 33713 OK		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5901 Mt Eagle Dr #402 Alexandria, VA 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:  DATE: 7/24/7 <small>Signature: When or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstalling)</small>			
FILE NOW: FEE IS \$61.25 Due By September 5, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP KEYES, BENJAMIN 1001 STARKEY RD., LOT #9 LARGO FL 33771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Keyes, Benjamin 5901 Mt Eagle Dr #402 Alexandria, VA 22303 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SHAW, BILL PO BOX 106 LARGO FL 33779 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Keyes, Kim 5901 Mt Eagle Dr #402 Alexandria, VA 22303 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KEYES, JASMIN PO BOX 106 LARGO FL 33779 <input checked="" 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 

7/24/7 727460-7999