2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# N05000000653

Entity Name: HUDDLE MINISTRIES, INC.

Current Principal Place of Business:

17623 HOMESTEAD AVENUE #0536
MIAMI, FL 33157

New Principal Place of Business:

14440 LINCOLN BLVD
MIAMI, FL 33176

Current Mailing Address:

17623 HOMESTEAD AVENUE #0536
MIAMI, FL 33157

New Mailing Address:

14440 LINCOLN BLVD
MIAMI, FL 33176

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BISHOP CARLOS L. MALONE, SR.
17623 HOMESTEAD AVENUE #0536
MIAMI, FL 33157 US

Name and Address of New Registered Agent:

SJO ASSOCIATES
7 PALMS PLAZA
HOMESTEAD, FL 33030 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: STEPHANYE JOHNSON 05/01/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BISHOP CARLOS L. MAL, ONE, SR.
Address: 17623 HOMESTEAD AVENUE #0536
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Delete
Name: ECHEVERRIA, BRIAN
Address: 17623 HOMESTEAD AVENUE #0536
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Delete
Name: JOHNSON, STEPHANYE
Address: 17623 HOMESTEAD AVENUE
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: BISHOP CARLOS L. MAL, ONE, SR.
Address: 14440 LINCOLN BLVD
City-St-Zip: MIAMI, FL 33176

Title: D (X) Change ( ) Addition
Name: ECHEVERRIA, BRIAN
Address: 14440 LINCOLN BLVD
City-St-Zip: MIAMI, FL 33176

Title: D (X) Change ( ) Addition
Name: JOHNSON, STEPHANYE
Address: PO BOX 90987
City-St-Zip: HOMESTEAD, FL 33090

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: STEPHANYE JOHNSON D 05/01/2006
Electronic Signature of Signing Officer or Director Date