


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90281 049 ****75.00

DOCUMENT # N05000001657	
1. Entity Name THE PECULIAR FAMILY WORSHIP CENTER, INC.	

Principal Place of Business 6760 THOMAS JEFFERSON WAY ORLANDO, FL 32809	Mailing Address 6760 THOMAS JEFFERSON WAY ORLANDO, FL 32809
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60027676



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03292006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-3797694	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	
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7. Name and Address of New Registered Agent	
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 _____
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Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input checked="" 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	PD ROMIMORA, FELIX O <input type="checkbox"/> Delete 6760 THOMAS JEFFERSON WAY ORLANDO, FL 32809	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ONYENWEAKU, EMMA O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6760 THOMAS JEFFERSON WAY ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ONYENWEAKU, OBIOMA O <input type="checkbox"/> Delete 6760 THOMAS JEFFERSON WAY ORLANDO, FL 32809	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENIGBOKAN, ADENIKE O <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6760 THOMAS JEFFERSON WAY ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDDO, SYLVESTER O <input checked="" type="checkbox"/> Delete 6760 THOMAS JEFFERSON WAY ORLANDO, FL 32809	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHABIYI, ADEOLA O <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6760 THOMAS JEFFERSON WAY ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ENIGBOKAN, KAYODE <input type="checkbox"/> Delete 6760 THOMAS JEFFERSON WAY ORLANDO, FL 32809	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROMIMORA, RHODA F <input type="checkbox"/> Delete 6760 THOMAS JEFFERSON WAY ORLANDO, FL 32809	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ONYENWEAKU, EMMA O <input checked="" type="checkbox"/> Delete 6760 THOMAS JEFFERSON WAY ORLANDO, FL 32809	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: 	ROMIMORA, FELIX O	03/30/06	407-579-5913
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #