2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2006
Secretary of State

DOCUMENT# N05000001720

Entity Name: DIVINE ANOINTING WORSHIP CENTER, INC.

Current Principal Place of Business:

P.O.BOX 8359
PORT ST LUCIE, FL 349858359

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 8359
PORT ST LUCIE, FL 349858359

New Mailing Address:

FEI Number: 65-1243447 **FEI Number Applied For ( )** **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:

SMITH, CARLTON A
5131 ADAMS ST
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

SMITH, CARLTON A
577 NW KILPATRICK AVE
PORT ST LUCIE, FL 34983 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: CARLTON SMITH 05/10/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SMITH, CARLTON A
Address: 5131 ADAMS ST
City-St-Zip: HOLLYWOOD, FL 33021

Title: V ( ) Delete
Name: SMITH, CLOVER
Address: 5131 ADAMS ST
City-St-Zip: HOLLYWOOD, FL 33021

Title: T ( ) Delete
Name: GIBBS, ANTHONY
Address: 2261 ALCAZAR DR
City-St-Zip: MIRAMAR, FL 33023

Title: TS ( ) Delete
Name: BROWN, ROXANNE
Address: 12071 SW 15 ST BLD #188
City-St-Zip: PEMBROKE PINES, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SMITH, CARLTON A
Address: 577 NW KILPATRICK AVE
City-St-Zip: PORT ST LUCIE, FL 34983

Title: V (X) Change ( ) Addition
Name: SMITH, CLOVER
Address: 577 NW KILPATRICK AVE
City-St-Zip: PORT ST LUCIE, FL 34983

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: CARLTON SMITH REV 05/10/2006
Electronic Signature of Signing Officer or Director Date