

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002250

FILED
Mar 27, 2006
Secretary of State

Entity Name: LIFE! ETERNAL! MINISTRIES INC.

Current Principal Place of Business:

8187 N.W. 107 TERRACE
PARKLAND, FL 33076

New Principal Place of Business:

Current Mailing Address:

8187 N.W. 107 TERRACE
PARKLAND, FL 33076

New Mailing Address:

FEI Number: 20-2501795

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VARGHESE, CHACKO
5444 NW 52 AVE
COCONUT CREEK, FL 33073 US

Name and Address of New Registered Agent:

VARGHESE, CHACKO
8187 NW 107 TERRACE
PARKLAND, FL 33076 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: CHACKO VARGHESE

03/27/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VARGHESE, CHACKO PASTOR
Address: 5444 NW 52 AVE
City-St-Zip: COCONUT CREEK, FL 33073

Title: S () Delete
Name: EAPEN, MATHEW
Address: 3246 MAJESTIC WAY
City-St-Zip: COOPER CITY, FL 33073

Title: T () Delete
Name: VARGHESE, LIZYAMMA
Address: 5444 NW 52 AVE
City-St-Zip: COCONUT, FL 33073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VARGHESE, CHACKO PASTOR
Address: 8187 NW 107 TERRACE
City-St-Zip: PARKLAND, FL 33076

Title: S (X) Change () Addition
Name: RAJAN, SAMUEL
Address: 10754 SW 17 PLACE
City-St-Zip: DAVIE, FL 33324

Title: T (X) Change () Addition
Name: MATHEW, EAPEN
Address: 3246 MAJESTIC WAY
City-St-Zip: COOPER CITY, FL 33330

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: CHACKO VARGHESE

P

03/27/2006

Electronic Signature of Signing Officer or Director

Date