


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000002598* 1. Entity Name ELITE MILLIONAIRES MINISTRY INC.	
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FILED

06 OCT 17 PM 12:42

CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business P. O. BOX 1415 WINDERMERE, FL 34786	Mailing Address P. O. BOX 1415 WINDERMERE, FL 34786
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2. Principal Place of Business 8825 Latrec Ave. Suite, Apt. #, etc. Suite 107 City & State Orlando, FL 328	3. Mailing Address P.O. Box 1418 Suite, Apt. #, etc. City & State Windermere, FL Zip 34786 Country	4. FEI Number 14-1917470 Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	09152006 Chg-NP CR2E037 (4/06)	

6. Name and Address of Current Registered Agent JOHNSON, NICHOLE H 8825 LATREC AVE. #107 ORLANDO, FL 32819	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold; font-size: 1.2em;">FL</div> Zip Code
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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:  Nichole H. Johnson
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

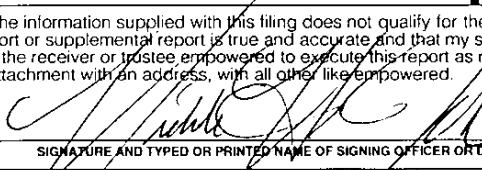
DATE: 9/15/2006

Filing Fee is \$61.25 Due by September 15, 2006	9. Election Campaign Financing Trust Fund Contribution. <input 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	
TITLE	P <input type="checkbox"/> Delete
NAME	JOHNSON, NICHOLE H
STREET ADDRESS	P. O. BOX 1415
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	VP <input type="checkbox"/> Delete
NAME	HANKERSON, ZANDREA L
STREET ADDRESS	P. O. BOX 941
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	300081205003
CITY-ST-ZIP	10/25/06--01059--008 **\$61.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  Nichole H. Johnson 9/15/2006 (407) 590-1645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #