2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 17, 2006 8:00 am Secretary of State

DOCUMENT # N05000003257 1. Entity Name MT. MORIAH MINISTRIES, INC.								04-17-200 <i>6</i>	5 90 35 2 00	04 ****61.:	25
Principal Place of Business 2042 COLSON RD. PLANT CITY, FL 33567			Mailing Address P.O. BOX 4169 PLANT CITY, FL 33563					PSISI BIITI SARI SAL	11 2271 4214 241 0	A LINIA 11839 MUTT 19	13H31 DI 23T1
2. Principal Place of Business		3. Mai	3. Mailing Address								
Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.				02212006	Chg-NP	CR2E	037 (11/05)	
City & State		Cit	City & State				4. FEI Numbe	0539	298		pplied For of Applicable
Zip	Country	Ziţ)	Соц	intry		5. Certificate	of Status Desire	ed []	\$8.75 Ad Fee Require	
	6. Name and Address of C	urrent Registere	d Agent				7. Name and	Address of Ne	w Registere	d Agent	
SDIEGEI	STITEDA DA				Name	Lond	a C. Bu	mula			
1840 SW 2	& UTRERA, P.A. 22ND ST				Street Address (P.O. Box Number is Not Acceptable)						
4TH FLOC					903	M_{\star}	Ferre 1 3	54,			
MIAMI, FL	33145				·						
					City 7	Plant	- City		F	— ı – ı	3563
8. The above the obligat	e named entity submits this state tions of registered agent.	ment for the purp	ose of changing its	register	ed office or	register	ed agent/or bott	n, in the State o	f Florida. I ar	n familiar with	, and accept
	1111	•	+ 10	0						_ /	
SIGNATURE	TIMAA CE KON	sum.	Fonda C	Ď	ทฟท				4/16	2/ <i>016</i>	
	Signature, typed or printed name of registe	red scent and titled son	(NOTE	Romina	d Agent signati				 	*/ * 	
		· · · · · · · · · · · · · · · · · · ·	(1401)		o - go ag	rae redraseo	when reinstating)		DATE	r	
	Filling Fee is \$61.25 Due by May 1, 2006		9. Election Can Trust Fund C	npaign F	inancing		\$5.00 May Be Added to Fees	F	lorida Dep	ck payable t	itate
10.	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS A	ND DIRECTORS	9. Election Can Trust Fund C	npaign F Contribut	inancing ion.		\$5.00 May Be	F	lorida Dep	DIRECTORS IN	itate
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12. Thereby 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: _

SIGNATURE AND TYPED ONLEGINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-06 863-409-2230