FILED Apr 03, 2007 8:00 am Secretary of State

ANNUAL REPORT	IUN

1. Entity Name ROCK BLUFF ASSEMBLY OF GOD, INC.											,2,1 0	01.23
14942 NW PHILLIPS ROAD 149				iling Address 1942 NW PHILLIPS ROAD RISTOL, FL 32321				- 4υμασιιο				
Principal Place of Business - No P.O. Box # 3. Ma				. Mailing Address								
Suite, Apr. #, etc.			Su	Suite, Apt. #, etc.			04012007	Chg-NP	CR2E03	37 (12/06)		
City & State			Cit	City & State				4. FEI Number 59-253				plied For t Applicable
Zip Country			Zip	ip Country				5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name	and Address of Curren	t Registere	ed Agent				7. Name and	Address of New	Registered /	Agent	
WEBB, CL		ME.				Name						
7474 OLD SNEADS,						Street Address (P.O. Box Number is Not Acceptable)						
						City				FL	Zip Code	e
8. The above	named entity	/ submits this statement f	or the purp	ose of changing its	registere	ed office or	registere	ed agent, or bot	h, in the State of F		familiar with,	and accept
o congar	or rogra	o.oo agana.										
SIGNATURE.	Signature, typed	or printed name of registered ager	nt and title if app	olicable. (NOTE	E: Registere	d Agent signatu	ire required	when reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2007				9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May B		Make checi			
					ZOTILITOUL	on. 		Added to Fees	200 a 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	orida Depar	Renamento de la	
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indicated on this report or supplied with this titing 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 OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

4/1/07

850-593-6517

Date

Daytime Phone #