

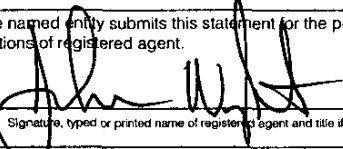
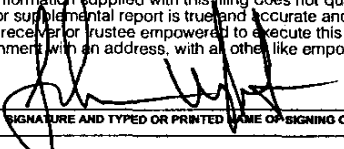


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2006 8:00 am
Secretary of State

05-23-2006 90012 049 ****61.25

DOCUMENT # N05000005155 1. Entity Name THE WAY TRUTH AND LIFE MINISTRIES INC. OF ORLANDO					
Principal Place of Business 13075 RUIDOSA LOOP ORLANDO, FL 32837			Mailing Address 13075 RUIDOSA LOOP ORLANDO, FL 32837		
2. Principal Place of Business 13075 Ruidosa Loop Suite, Apt. #, etc.		3. Mailing Address 13075 Ruidosa Loop Suite, Apt. #, etc.			
City & State Orlando Florida		City & State Orlando Florida		4. FEI Number 20-250-6027	
Zip 32837		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WRIGHT, JOHN 13075 RUIDOSA LOOP ORLANDO, FLORIDA, FL 32837				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City: FL Zip Code	
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  DATE 5/1/2006 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 6, 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					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WRIGHT, JOHN D 13075 RUIDOSA LOOP ORLANDO, FL 32837 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WRIGHT, VIRGINIA P 13075 RUIDOSA LOOP ORLANDO, FL 32837 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 				5/1/2006 407-361-7092 Date Daytime Phone #	