## **2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## FILED Apr 20, 2006 8:00 am Secretary of State 04-20-2006 90212 032 \*\*\*\*61.25

| DOCUMENT # N0500005609  1. Entity Name ELITE MINISTRIES INTERNATIONAL INC.  |  |                      |   |  |                                       | 04-20-200   | 00 90212           | .032 **** 0            | 01.23   |                             |
|---|--|----------------------|---|--|---------------------------------------|---|--------------------|------------------------|---|-----------------------------|
| P.O. BOX 5481   |  | P.O. BC              | Mailing Address P.O. BOX 5481 HIALEAH, FL 33014                 |  |                                       |   |                    | 5(                     | 01401   | 1                           |
|   |  |                      |   |  |                                       |   |                    |                        |   |                             |
| 2. Principal P  | flace of Business  | 3. Mailing           | Address   | -  |                                       |   |                    |                        |   | (118) BI (BB)               |
| Suite, Apt.   | #, etc.  | Suite,               | , Apt. #, etc.  |  |                                       | 04172006  | Chg-NP             | CR2E                   | 037 (11/05)                                     |                             |
| City & State  |  | City & State         |   |  | H-11                                  | 4. FEI Numbe  | 20486              | 02                     |   | oplied For<br>ot Applicable |
| Zip   | Country  | Zip                  |   | Cou  | intry                                 | 5. Certificate  | of Status Desire   | d 🗆                    | \$8.75 Add                                      | itional                     |
|   | 6. Name and Address of Current   | Registered           | Agent   |  |                                       | 7. Name and   | Address of Nev     | v Registere            | d Agent   |                             |
|   | R, RANDALL   |                      |   | Name   |                                       |   |                    |                        |   |                             |
| 4801 NW 1<br>CAROL CI   | 176ST<br>ITY, FL 33055-3640  |                      |   |  |                                       | ess (P.O. Box Numbe                                     | r is Not Accepta   | ible)                  |   |                             |
|   |  |                      |   |  |                                       |   |                    |                        | · · · · · · · · · · · · · · · · · · ·           |                             |
|   |  |                      |   |  | City                                  |   |                    | F                      | L Zip Code                                      | Θ                           |
|   | named entity submits this statement fo<br>tions of registered agent.   | or the purpose       | e of changing its re  | egistere   | ed office or regi                     | jistered agent, or both                                 | n, in the State of | Florida, I a           | m familiar with,                                | and accept                  |
| SIGNATURE   |  | and title if applica | shin (NC)TE-E   | Renisterer   | d Apent signatura red                 | onized when minetation)                                 |                    | DATE                   | <u> </u>  | <del></del>                 |
| SIGNATURE   | Signature, typed or printed name of registered agent   | and title if applice |   |  |                                       | quired when reinstating)                                |                    | DATE                   |   |                             |
| SIGNATURE   |  | and title if applica | 9. Election Camp<br>Trust Fund Co.                              | oaign Fi   | inancing                              | quired when reinstating) \$5.00 May Bo<br>Added to Fees | ) F                | Make che               | ck payable to<br>artment of St                  |                             |
| SIGNATURE   | Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2006  OFFICERS AND DIR |                      | 9. Election Camp  | oaign Fi   | inancing                              | \$5.00 May Be   | F                  | Make che<br>lorida Dep | ck payable to<br>artment of St                  | tate                        |
| 10.<br>TITLE<br>NAME  | Filing Fee is \$61.25 Due by May 1, 2006  OFFICERS AND DIF PROCTOR, RANDALL                                      |                      | 9. Election Camp  | oaign Fi<br>ontributi  | inancing ion.                         | \$5.00 May Be<br>Added to Fees                          | F                  | Make che<br>lorida Dep | ck payable to<br>artment of St                  | tate                        |
| 10.   | Filling Fee is \$61.25 Due by May 1, 2006  OFFICERS AND DIF  |                      | 9. Election Camp<br>Trust Fund Co                               | 11. TITLE  | inancing ion.                         | \$5.00 May Be<br>Added to Fees                          | F                  | Make che<br>lorida Dep | ck payable to<br>artment of St<br>DIRECTORS IN  | tate                        |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | Filing Fee is \$61.25 Due by May 1, 2006  OFFICERS AND DIF PROCTOR, RANDALL 4801 NW 176ST                        |                      | 9. Election Camp<br>Trust Fund Co                               | 11. TITLE NAME STREE NAME STREE NAME STREE NAME STREE  | E E E E E E E E E E E E E E E E E E E | \$5.00 May Be<br>Added to Fees                          | F                  | Make che<br>lorida Dep | ck payable to<br>artment of St<br>DIRECTORS IN  | tate                        |
| 10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS  | Filing Fee is \$61.25 Due by May 1, 2006  OFFICERS AND DIF PROCTOR, RANDALL 4801 NW 176ST                        |                      | 9. Election Camp Trust Fund Co                                  | Daign Fintribution Title NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE NAME STREE NAME STREE NAME STREE NAME STREE  | E E E E E E E E E E E E E E E E E E E | \$5.00 May Be<br>Added to Fees                          | F                  | Make che<br>lorida Dep | ck payable to<br>artment of St<br>DIRECTORS IN  | tate 1 10 Addition          |
| 10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS | Filing Fee is \$61.25 Due by May 1, 2006  OFFICERS AND DIF PROCTOR, RANDALL 4801 NW 176ST                        |                      | 9. Election Camp Trust Fund Cod  Delete                         | Daign Fintributi  11. Tittle MAMAIL STREE CITY-  | E E E E E E E E E E E E E E E E E E E | \$5.00 May Be<br>Added to Fees                          | F                  | Make che<br>lorida Dep | ck payable to artment of St DIRECTORS IN Change | I 10 Addition               |
| 10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME                               | Filing Fee is \$61.25 Due by May 1, 2006  OFFICERS AND DIF PROCTOR, RANDALL 4801 NW 176ST                        |                      | 9. Election Camp Trust Fund Co.  Delete  Delete  Delete  Delete | Daign Fintributi  11. Tittle NAME STREE CITY- TITTLE NAME STREE STREE CITY- TITTLE NAME STREE ST | E E E E E E E E E E E E E E E E E E E | \$5.00 May Be<br>Added to Fees                          | F                  | Make che<br>lorida Dep | ck payable to artment of St DIRECTORS IN Change | Addition  Addition          |

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 attackment with an address, with all other like empowered.

STREET ADDRESS CITY+ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: Martin autal Proctors
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR