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

FILED Jan 19, 2006 8:00 am Secretary of State

01-19-2006 90069 006 ****61.25

DOCUMENT # N0500005907 1. Entity Name ABIDING TRUTH PUBLICATIONS, INC.					0	1-19-2006 90	0069 006 *	***61.	.25	
Principal Place of Business 1224 CHAFFEE RD 1224 CHAFFEE RD 13CKSONVILLE, FL 32221-1118 Mailing Address 1224 CHAFFEE RD 13CKSONVILLE, FL 32221-1118						6000	3595			
	lace of Business	3. Mailing Address								
1334	4 S. CHAPFEE RO	1334 5, C HA Suite, Apt. #, etc.	4FFEE	KD_						
Suite, Apt.	ਜ, GIC.	Suite, Api. #, etc.			01102006 C	hg-NP	CR2E037 (1	1/05)		
City & State		City & State	,, r E	٠ر ا	4. FEI Number 23.98	50710			olied For	
Zio	Country	JACK SOKUL	Country				\$8	75 Addi	Applicable	
3797	11-1118 NS	37791-1118	<u> </u>		5. Certificate of St	atus Desired		Required		
	6. Name and Address of Current F	Registered Agent	Name		7. Name and Add	ress of New Re	gistered Agen	t		
JONES, RICHARD K										
501 W BAY STREET JACKSONVILLE, FL 32202				Street Address (P.O. Box Number is Not Acceptable)						
UNONO ON	VILLE, I C OZZOZ							-		
			City				FL 2	Zip Code		
	named entity submits this statement for ions of registered agent.	the purpose of changing its req	gistered office or	register	ed agent, or both, in	the State of Flori	da. I am famili	ar with, a	and accept	
SIGNATURE.										
SIGNATURE.	Signature, typed or printed name of registered agent a	ind title if applicable (NOTE: Re	legistered Agent signat	ure required	when reinstating)		DATE			
SIGNATURE .	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2006	9. Election Campa Trust Fund Con	aign Financing	ure required	\$5.00 May Be Added to Fees		DATE ke check pay la Departmen			
10.	Filing Fee is \$61.25	9. Election Campa Trust Fund Con	aign Financing		\$5.00 May Be	Florid	ke check pay la Departmer	nt of Sta	ite	
10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIR D PEOPLES, MILES 1224 CHAFFEE RD	9. Election Campa Trust Fund Con	aign Financing ntribution. 11. IIILE NAME STREET ADDRESS	D PEI	\$5.00 May Be Added to Fees ADDITIONS/CHANGE PLES	Florid ES TO OFFICER: MILES AFFEE	ke check pay la Departmen S AND DIRECT	ORS IN	10 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.

ROBERT or PRICE