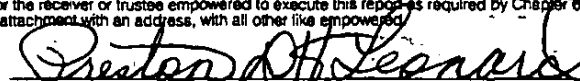


FILED
Mar 09, 2006 8:00 am
Secretary of State

66004363

DOCUMENT # N05000006755 1. Entity Name CHRIST KINGDOM INTERNATIONAL, INC.					
Principal Place of Business 2512 22 AVENUE SOUTH ST PETERSBURG, FL 33712-3024				Mailing Address 2512 22 AVENUE SOUTH ST PETERSBURG, FL 33712-3024	
2. Principal Place of Business				3. Mailing Address	
Suite, Apt. #, etc.				Suite, Apt. #, etc.	
City & State				City & State	
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent LEONARD, PRESTON D.H. BISHOP 2512 22 AVENUE SOUTH ST PETERSBURG, FL 33712-3024				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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE _____					
Filing Fee is \$81.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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	DP LEONARD, PRESTON D.H. BISHOP 223 21 AVE SE SOUTH ST PETERSBURG, FL 337123024	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BAKER, JOHN E BISHOP 8772 MILES JOHNSON RD TALLAHASSEE, FL 32309	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST EKE-ODURU, YVONNE PASTOR 6425 BANKSIDE ST #2140 HOUSTON, TX 77096	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, FITZROY PASTOR 505 NW 214 ST #105 MIAMI, FL 33769	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCREE, KELVIN PASTOR 2958 BELLFLOWER WAY LAKE LAND, FL 33811	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 attachment with an address, with all other like empowered.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					