

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008093

FILED
Mar 16, 2006
Secretary of State

Entity Name: RATED RX MINISTRIES INC.

Current Principal Place of Business:

340 WOODLAWN BLVD
340
DELAND, FL 32721 US

New Principal Place of Business:

340 WOODLAWN BLVD
DELAND, FL 32721 US

Current Mailing Address:

P O BOX 4408
DELAND, FL 32721 US

New Mailing Address:

FEI Number: 20-2781572

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, ANGELA D
340 WOODLAWN BLVD
340
DELAND, FL 32721 US

Name and Address of New Registered Agent:

JOHNSON, ANGELA D
340 WOODLAWN BLVD
DELAND, FL 32721 US

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.

SIGNATURE:

03/16/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: JOHNSON, ANGELA D
Address: 340 WOODLAWN BLVD
City-St-Zip: DELAND, FL 32721 US

Title: VP () Delete
Name: JOHNSON, DONALD
Address: P O BOX 4408
City-St-Zip: DELAND, FL 32721 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELA D JOHNSON

PRES

03/16/2006

Electronic Signature of Signing Officer or Director

Date