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2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000010950		
1. Entity Name UNITED FAMILIES OF FAITH, INC.		

06 OCT 19 11:55

Principal Place of Business 3333 AVENUE I RIVIERA BEACH, FL 33404	Mailing Address 3333 AVENUE I RIVIERA BEACH, FL 33404
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



REINSTATEMENT 06

4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KING, LARRY SR 4757N AUSTRALIAN AVE W PALM BCH, FL 33407		Name MS. GLORIA JONES	
		Street Address (P.O. Box Number is Not Acceptable) 1169 MADISON CHASE, APT 6	
		City W. PALM BEACH FL Zip Code 33411	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TP JENKINS, C VEREE' 12288 HAMLIN BLVD W PALM BCH, FL 33412 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100081029711 10/19/06--01041--010 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO JENKINS, C VEREE' 12288 HAMLIN BLVD W PALM BCH, FL 33412 <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	TVPT PARHAM, ARNOLD JAY 3817 PARVISS ST PITTSBURGH, PA 15212 <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	TS KING, LARRY SR 4757 N AUSTRALIAN AVE W PALM BCH, FL 33407 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S MS. GLORIA JONES 1169 MADISON CHASE APT 6 W. PALM BEACH, FL 33411 <input type="checkbox"/> Change <input checked="" 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
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

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: Gloria Jones NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

20f2

October 10, 2006

Manager, Customer Service
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

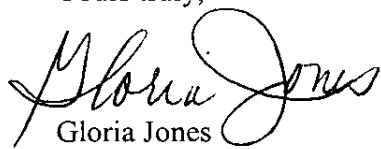
Subject: Reinstatement of 2006 Not-For-Profit Corporation

With this letter we request you not to impose penalty for filing our Reinstatement late. It happened because our registered agent Mr. Larry King senior passed away few months ago and hence the mail was not looked after by any body to submit the documents on time.

We enclose here with a check of \$70 towards the filing fee of \$61.75 and the additional fee of \$8.75 for the state's certification.

Thank you.

Yours truly,

A handwritten signature in cursive script that reads "Gloria Jones". The signature is written in black ink and is positioned above the printed name.

Gloria Jones
New Registered Agent
United Families of Faith, Inc.