2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011394

Entity Name: FAITHSTEP, INC.

OFFICERS AND DIRECTORS:

FILED Mar 28, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

428 CHILDERS STREET STE 2964 428 CHILDERS STREET PENSACOLA, FL 32534

2964

PENSACOLA, FL 32534

Current Mailing Address: New Mailing Address:

428 CHILDERS STREET STE 2964 428 CHILDERS STREET PENSACOLA, FL 32534 2964

PENSACOLA, FL 32534

FEI Number: 20-3730234 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WRIGHT, JOHN B WRIGHT, JOHN M 428 CHILDERS STREET STE 2964 428 CHILDERS STREET

PENSACOLA, FL 32534 2964 PENSACOLA, FL 32513 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: JOHN M. WRIGHT 03/28/2006 Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

WRIGHT, JOHN B WRIGHT, JOHN M Name: Name: PMB 2965 PO BOX 2430 Address: PO BOX 2430 PMB 2964 Address: City-St-Zip: PENSACOLA, FL 32534 City-St-Zip: PENSACOLA, FL 32513

Title: DS () Delete Title: DS (X) Change () Addition Name:

WRIGHT, SUSAN M Name: WRIGHT, SUSAN B Address: PMB 2965 PO BOX 2430 Address: PO BOX 2430 PMB 2964 City-St-Zip: PENSACOLA, FL 32534 City-St-Zip: PENSACOLA, FL 32513

Title: () Delete Title: () Change () Addition

STOGNER, TILLMAN S Name: Name: Address: ROUTE 2 BOX 171B Address: City-St-Zip: BOGALUCA, LA 70427 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: JOHN M. WRIGHT DP 03/28/2006