2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2006
Secretary of State

DOCUMENT# N05000011471

Entity Name: TRUTH FOR THE FINAL GENERATION-MISSIONS, INC.

Current Principal Place of Business:

14045 N. MIAMI AVE.
MIAMI, FL 33168

New Principal Place of Business:

Current Mailing Address:

14045 N. MIAMI AVE.
MIAMI, FL 33168

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCCORMICK, SHARON R
14045 N. MIAMI AVE.
MIAMI, FL 33168 US

Name and Address of New Registered Agent:

MCCORMACK, SHARON R
14045 N. MIAMI AVE.
MIAMI, FL 33168 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: SHARON MCCORMACK 06/16/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MCCORMICK, SHARON R
Address: 14045 N. MIAMI AVE.
City-St-Zip: MIAMI, FL 33168

Title: D ( ) Delete
Name: RICHARDS, KENRICK S
Address: 14160 MUSTANG TRAIL
City-St-Zip: S.W. RANCHES, FL 33330

Title: D ( ) Delete
Name: JOHNSON, VICTORIA
Address: 2302 TERRACE DR.
City-St-Zip: CALDWELL, ID 83605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: MCCORMACK, SHARON R
Address: 14045 N. MIAMI AVE.
City-St-Zip: MIAMI, FL 33168

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: K. RICHARDS D 06/16/2006
Electronic Signature of Signing Officer or Director Date