2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012343

FILED Aug 03, 2006 Secretary of State

Entity Name: DOMINION CHRISTIAN CENTER INTERNATIONAL INC.

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

14002 NW 15TH LANE PO BOX 278935

GAINESVILLE, FL 32606 US MIRAMAR, FL 33027 US

Current Mailing Address: New Mailing Address:

14002 NW 15TH LANE PO BOX 278935

GAINESVILLE, FL 32606 US MIRAMAR, FL 33027 US

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: Name and Address of New Registered Agent:

DAVIS, GARRICK L
14002 NW 15TH LANE
GAINESVILLE, FL 32606 US
DAVIS, GARRICK L
3801 SW 160TH AVE
UNIT 201

AINESVILLE, FL 32606 US UNIT 201 MIRAMAR, FL 33027 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: GARRICK DAVIS 08/03/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: DAVIS, GARRICK L P (X) Change () Addition DAVIS, GARRICK L

 Address:
 14002 NW 15TH LANE
 Address:
 PO BOX 278935

 City-St-Zip:
 GAINESVILLE, FL 32606 US
 City-St-Zip: MIRAMAR, FL 33027 US

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 DAVIS, VALERIE D
 Name:
 DAVIS, VALERIE D

 Address:
 14002 NW 15TH LANE
 Address:
 PO BOX 278935

 City-St-Zip:
 GAINESVILLE, FL 32606 US
 City-St-Zip:
 MIRAMAR, FL 33027 US

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: GARRICK DAVIS P 08/03/2006