2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000491

FILED Apr 13, 2006 Secretary of State

Entity Name: NEW START MARKETPLACE MINISTRY, INC.

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

99 WHISPERING PINES COURT 99 WHISPERING PINES COURT SANTA ROSA BEACH, FL 32459 US

Current Mailing Address: New Mailing Address:

99 WHISPERING PINES COURT 99 WHISPERING PINES COURT SANTA ROSA BEACH, FL 32459 US

FEI Number: 02-0773997 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:

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: SYLVIA E. JACKSON 04/13/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: D ()Delete Title: D (X)Change ()Addition

 Name:
 AUL, TOM
 Name:
 AUL, TOM

 Address:
 2878 PALO VERDE DRIVE
 Address:
 2878 PALO VERDE DRIVE

 City-St-Zip:
 AVON PARK, FL 33825
 City-St-Zip:
 AVON PARK, FL 33825 US

Title: D () Delete Title: PD (X) Change () Addition

Name:JACKSON, SYLVIAName:JACKSON, SYLVIA E PDAddress:99 WHISPERING PINES COURTAddress:99 WHISPERING PINES COURTCity-St-Zip:SANTA ROSA BEACH, FL 32459City-St-Zip:SANTA ROSA BEACH, FL 32459 US

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

 Name:
 HANSON, BROOKE
 Name:
 HANSON, BROOKE

 Address:
 205 KELLEY ROAD
 Address:
 205 KELLEY ROAD

 City-St-Zip:
 NICEVILLE, FL 32578
 City-St-Zip:
 NICEVILLE, FL 32578 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: SYLVIA E. JACKSON PD 04/13/2006