2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005965

FILED Apr 28, 2007 Secretary of State

Entity Name: CONNECT-THE-DOTS MINISTRIES INC.

Current Principal Place of Business:		New Principal Place of Business:	
	RF LANE		
APT. 105 ORLANDO	O, FL 32828		
Current Mailing Address:		New Mailing Address:	
APT. 105	RF LANE O, FL 32828		
El Number		FEI Number Not Applicable (X)	Certificate of Status Desired ()
Name and	d Address of Current Registered Agent:	Name and Address of	of New Registered Agent:
975 WHAI NPT. 105	S, SONYA M RF LANE O, FL 32828 US		
	e named entity submits this statement for the e of Florida.	e purpose of changing its registere	d office or registered agent, or both
n the Stat	e of Florida.	e purpose of changing its registere	d office or registered agent, or both
the Stat	e of Florida.		d office or registered agent, or both Date
n the Stat SIGNATU	e of Florida. ** RE:	Agent	
n the Stat SIGNATU DFFICER ittle: lame: .ddress:	e of Florida. RE: Electronic Signature of Registered A	Agent	Date
n the Stat SIGNATU	e of Florida. RE: Electronic Signature of Registered A S AND DIRECTORS: CEO () Delete JENNINGS, SONYA M 975 WHARF LANE #105	Agent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTO
n the Stat BIGNATU DFFICER Title: Islame: Address: Dity-St-Zip: Title: Islame: Address:	RE: Electronic Signature of Registered A S AND DIRECTORS: CEO () Delete JENNINGS, SONYA M 975 WHARF LANE #105 ORLANDO, FL 32828 DIR () Delete RAMPERSAD, CHRISTINA R 4900 BIRCH STONE STREET	Agent ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	Date ES TO OFFICERS AND DIRECTO () Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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: SONYA M. JENNINGS CEO 04/28/2007