2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06241

FILED Apr 25, 2006 Secretary of State

Entity Name: PROPHECY COUNTDOWN INC.

| Current P | Principal Place of Business: | New Principal Place | of Business: | |
|---|---|---|--|--|
| 35922 GA EUSTIS, F | | | | |
| Current Mailing Address: | | New Mailing Addres | New Mailing Address: | |
| P. O. BOX MT DORA | (1844 A, FL 32756 US | | | |
| El Number | : 59-2489075 FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired (X) | |
| Name and | d Address of Current Registered Agent: | Name and Address of | of New Registered Agent: | |
| OSBORNI 35922 GA EUSTIS, F | | | | |
| | | | | |
| | e named entity submits this statement for th e of Florida. | e purpose of changing its registere | ed office or registered agent, or both, | |
| n the Stat | e of Florida. | e purpose of changing its registere | ed office or registered agent, or both, | |
| n the Stat | e of Florida. | | ed office or registered agent, or both, Date | |
| n the Stat | e of Florida. * RE: | Agent | | |
| n the Stati BIGNATU DFFICER Title: lame: kddress: | e of Florida. RE: Electronic Signature of Registered A | Agent | Date | |
| n the Stati BIGNATU DFFICER Title: lame: lame: lity-St-Zip: Title: lame: lame: lame: lame: | e of Florida. RE: Electronic Signature of Registered A S AND DIRECTORS: D () Delete OSBORNE, JOHN W PASTOR 24 MARYLAND AVE. | Agent ADDITIONS/CHANG Title: Name: Address: | Date ES TO OFFICERS AND DIRECTOR | |
| n the Stat | e of Florida. RE: Electronic Signature of Registered A S AND DIRECTORS: D () Delete OSBORNE, JOHN W PASTOR 24 MARYLAND AVE. POUGHKEEPSIE, NY 12603 US PD () Delete OSBORNE, DIANNE 35922 GATCH RD. | Agent ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address: | Date ES TO OFFICERS AND DIRECTOR () Change () Addition | |

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: DIANNE OSBORNE PD 04/25/2006