


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # N08628 1. Entity Name AMERICAN BIBLE COLLEGE, INC.	
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Principal Place of Business 13821 WATERFRONT DR PINELAND, FL 33945 US	Mailing Address PO BOX 331 PINELAND, FL 33945 US
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DO NOT WRITE IN THIS SPACE



04242007 No Chg-NP CR2E037 (4/06)

4. FEI Number 36-2662160	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROYSE, MARVIN W 13821 WATERFRONT DR PINELAND, FL 33945	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	OP ROYSE, MARVIN W 13821 WATERFRONT DR PINELAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ROYSE, KATHY L 13821 WATERFRONT DR PINELAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SHIPLEY, JAMES H 13821 WATERFRONT DR PINELAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BARNETT, RONALD 1003 SHAWNDA LANE KISSIMMEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BARNETT, RONALD 1003 SHAWNDA LANE KISSIMMEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HILL, ROBERT 293 CR. 14 WATER VALLEY, MS

U00000739071
05/14/07-80010-006 61.25

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dr. Marvin W. Royse Dr. Marvin W. Royse 4-24-07 239-283-0519
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #