


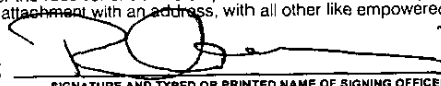


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90054 047 ****70.00

DOCUMENT # N26097 1. Entity Name RECIPROCAL MINISTRIES INTERNATIONAL, INC.					
Principal Place of Business 14540 S.W. 136 ST SUITE 208 MIAMI, FL 33186 US			Mailing Address 14540 S.W. 136 ST SUITE 208 MIAMI, FL 33186 US		
2. Principal Place of Business 5471 Lee St. Suite, Apt. #, etc. Suite 301 City & State Lehigh Acres, FL Zip 33971 Country USA		3. Mailing Address 5471 Lee St. Suite, Apt. #, etc. Suite 301 City & State Lehigh Acres, FL Zip 33971 Country USA			
02212006 Chg-NP CR2E037 (11/05)				4. FEI Number 65-0062156	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SHOEMAKER, HERBERT L PRES 11020 SW 174 TERRACE MIAMI, FL 33157			7. Name and Address of New Registered Agent Name Robert Thompson Street Address (P.O. Box Number is Not Acceptable) 5471 Lee St. Suite 301 City Lehigh Acres FL Zip Code 33971		
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:  Robert Thompson VP of USOPS 2/22/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHOEMAKER, HERBERT L 11020 S.W. 174TH TERRACE MIAMI, FL 33157	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Adjunct President Shoemaker, Herbert L 2201 River Reach Dr. Naples, FL 34104	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHOEMAKER, DANIEL L MFI-MEBSH/HAITI BOX 15665 WEST PALM BEACH, FL 33416	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Shoemaker, Daniel L 2506 Elva Pl Lehigh Acres, FL 33971	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O/D SMITH, LARRY 248 SMITH REED RD. LAFAYETTE, LA 70507	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	O/D Truelsen, Dave 1112 Oxford Lane Arlington Heights, IL 60004	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O/D LITTLE, THOMAS 14286 DEVINGTON WAY FORT MYERS, FL 33912	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	O/D BYRD, BILL 13200 SW 28TH CT. DAVIE, FL 33330	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O/D HERRING, CARLYLE 1327 WHITE FLASH RD. MOUNT OLIVE, NC 28365	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	O/D HERRING, CARLYLE 1327 WHITE FLASH RD. MOUNT OLIVE, NC 28365	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  Robert Thompson 2/22/06 239.368.8390 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

40018578
N26097

Additional New Officers

Title	Vice President of US Operations
Name	Thompson, Robert Thompson
Street Address	307 Inman St
City-St-Zip	Lehigh Acres, FL 33972

Title	Vice President of International Development
Name	Fry, Frank
Street Address	700 Hip Pocket Road
City-St-Zip	Peachtree City, GA 30269