2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2006
Secretary of State

DOCUMENT# N32823

Entity Name: THE HOLY LAND EXPERIENCE MINISTRIES, INC.

Current Principal Place of Business:

4655 VINELAND ROAD
ORLANDO, FL 32811 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 690909
ORLANDO, FL 32869 US

New Mailing Address:

FEI Number: 59-2976410 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MEIER, GREGORY W ESQ
1000 LEGION PLACE, SUITE 1700
ORLANDO, FL 32801 US

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	(X) Delete
Name:	ROSENTHAL, MARVIN,	
Address:	4655 VINELAND ROAD	
City-St-Zip:	ORLANDO, FL 32811	
Title:	CD	( ) Delete
Name:	PIERRE, SCOTT	
Address:	4655 VINELAND ROAD	
City-St-Zip:	ORLANDO, FL 32811	
Title:	DP	( ) Delete
Name:	HAYDEN, DANIEL	
Address:	4655 VINELAND ROAD	
City-St-Zip:	ORLANDO, FL 32811	
Title:	D	( ) Delete
Name:	TEASDALE, PAUL,	
Address:	4655 VINELAND ROAD	
City-St-Zip:	ORLANDO, FL 32811	
Title:	D	( ) Delete
Name:	TEASDALE, JAMES,	
Address:	4655 VINELAND ROAD	
City-St-Zip:	ORLANDO, FL 32811	
Title:	TCFO	( ) Delete
Name:	POWELL, THOMAS E	
Address:	4655 VINELAND ROAD	
City-St-Zip:	ORLANDO, FL 32811	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: THOMAS E. POWELL TCFO 01/05/2006

Electronic Signature of Signing Officer or Director — Date