2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2006
Secretary of State

DOCUMENT# N38934

Entity Name: LAIRD MINISTRIES, INC.

Current Principal Place of Business:

% NELDA LAIRD
P O BOX 13604
TAMPA, FL 33681

New Principal Place of Business:

% NELDA LAIRD
P O BOX 901
TAMPA, FL 33568

Current Mailing Address:

% NELDA LAIRD
P O BOX 13604
TAMPA, FL 33681

New Mailing Address:

% NELDA LAIRD
P O BOX 901
TAMPA, FL 33568

FEI Number: 59-3030811 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAIRD, NELDA
3205 W FAIR OAKS AVE
TAMPA, FL 33611 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: PD ( ) Delete
Name: LAIRD, NELDA L
Address: 3205 W FAIR OAKS AVENUE
City-St-Zip: TAMPA, FL 33611 US

Title: VD ( ) Delete
Name: MIDULLA, LORINDA P
Address: 108 EL GRECO DRIVE
City-St-Zip: BRANDON, FL 33511 US

Title: TD ( ) Delete
Name: SEAY, TERIL
Address: 10409 KANKAKEE LANE
City-St-Zip: RIVERVIEW, FL 33569 US

Title: SD ( ) Delete
Name: SHERRILL, VONDA
Address: 501 TOMAHAWK TRAIL
City-St-Zip: BRANDON, FL 33511 US

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:

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: NELDA LAIRD PD 02/11/2006

Electronic Signature of Signing Officer or Director — Date