

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46159

FILED
Apr 25, 2006
Secretary of State

Entity Name: NEW TESTAMENT ASSEMBLY, INC.

Current Principal Place of Business:

5 BARRY ROAD
HOLLYWOOD, FL 33023 US

New Principal Place of Business:

Current Mailing Address:

7941 KISMET STREET
MIRAMAR, FL 33023 US

New Mailing Address:

FEI Number: 65-0338645 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOLNESS, RAYNESS
7941 KISMET ROAD
HOLLYWOOD, FL 33023 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 () Delete
Name: MATTIS, HORTENSE M REV
Address: 5 BARRY ROAD
City-St-Zip: HOLLYWOOD, FL 33023

Title: P () Delete
Name: PERCIVAL,, HOLNESS REV.
Address: 7949 KISMET STREET
City-St-Zip: MIRAMAR, FL 33023

Title: VP/S () Delete
Name: RAYNESS, HOLNESS REV.
Address: 7941 KISMET ST.
City-St-Zip: MIRAMAR, FL 33023

Title: D () Delete
Name: MURRAY, DESMOND B DR.
Address: 2926 E FONTANA CT.
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: D (X) Delete
Name: HAUGHTON, WINSTON DEACON
Address: 3511 NW 8TH STRTEET
City-St-Zip: LAUDERHILL, FL 33311

Title: D (X) Delete
Name: GALLOWAY, ANGELA EVANGEL
Address: 4441 NW 16ST APT 104J
City-St-Zip: LAUDERHILL, FL 33313

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: PERCIVAL, HOLNESS REV.
Address: 7949 KISMET STREET
City-St-Zip: MIRAMAR, FL 33023

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

Title: D (X) Change () Addition
Name: MURRAY, DESMOND B DR.
Address: 3671 HIGH PINE DRIVE
City-St-Zip: CORAL SPRINGS, FL 33065

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: RAYNESS HOLNESS

VP/S

04/25/2006

Electronic Signature of Signing Officer or Director

_____ Date