2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47412

FILED Apr 28, 2005 Secretary of State

Entity Name: 2 CHRIST - THE SOLUTION, INC.

Current Principal Place of Business: New Principal Place of Business: 241 RUE LABONNE ROAD FORT MYERS, FL 33913 US **Current Mailing Address: New Mailing Address:** 2 CHRIST- THE SOLUTION P.O. BOX 1081 MARCO ISLAND, FL 341461081 US FEI Number: 65-0315016 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: REV. ROBERT M. RINALDI, C.E.O. RINALDI, ROBERT M PRES. 241 RUE LABONNE ROAD 241 RUÉ LABONNE RD FORT MYERS, FL 33913 FORT MYERS, FL 33913 US 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: REV. ROBERT M. RINALDI, PRES. 04/28/2005 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition RINALDI, ANTHONY Name: Name: 500-285A PECONIC ST. Address: Address: City-St-Zip: RONKONKOMA, NY 11779 US City-St-Zip: Title: () Delete Title: () Change () Addition RINALDI, KAREN E Name: Name: Address: 241 RUE LABONNE ROAD Address: City-St-Zip: FORT MYERS, FL 33913 US City-St-Zip: Title: () Delete Title: () Change () Addition LOCETTA, DENISE Name: Name: 730 SANTA MARIA DRIVE Address: Address: City-St-Zip: WINTER HAVEN, FL City-St-Zip: Title: () Delete Title: () Change () Addition Name: RINALDI, ROBERT M REV. Name: 241 RUE LABONNE ROAD Address: Address: City-St-Zip: FORT MYERS, FL 33913 City-St-Zip: Title: () Delete Title: () Change () Addition MENIER, ALBERT R Name: Name: 13269 N 104TH PL Address: Address: City-St-Zip: SCOTTSDALE, AZ City-St-Zip: Title: () Delete Title: () Change () Addition SCHOLZ, TERRY Name: Name: Address: 1791 ORANG BLVD Address: PALM HARBOR, FL City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: REV. ROBERT M, RINALDI PRES 04/28/2005