2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49070

FILED May 14, 2005 Secretary of State

Entity Name: UNITED NATIONS CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business:

2698 SE CARTHAGE RD PT ST LUCIE, FL 34952 US

Current Mailing Address: New Mailing Address:

PO BOX 8119

PT ST. LUCIE, FL 34985 US

FEI Number: 65-0335358 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MILLS, DAVID 2698 SE CARTHAGE RD US PORT ST. LUCIE, FL 34952

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition MILLS, SONIA MILLS, SONIA Name: Name: Address: 2802 SE PINE VALLEY ST. Address: 2698 SE. CARTHAGE RD City-St-Zip: PORT ST LUCIE, FL 34952 City-St-Zip: PORT ST LUCIE, FL 34952

Title: Title: () Delete (X) Change () Addition

Name: MILLS, DAVID Name: MILLS, DAVID

Address: 2802 SE PIN BALLEY ST Address: 2698 SE. CARTHAGE RD City-St-Zip: PORT ST LUCIE, FL 34952 City-St-Zip: PORT ST LUCIE, FL 34952

Title: () Delete Title: (X) Change () Addition

LAMONTE, VINET Name: SCOTT, MARTIN Name: 551 BARB ANN LANE 102 ROCKAWAY AVE Address: Address: City-St-Zip: PT ST LUCIE, FL City-St-Zip: BROOKLYN, NY 11233

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: DAVID MILLS D 05/14/2005