

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 20, 2006  
Secretary of State**

DOCUMENT# N92000000639

Entity Name: BRIAN ARNER MINISTRIES, INC.

**Current Principal Place of Business:**

4415 ALEX AVE  
CUMMING, GA 30040

**New Principal Place of Business:**

**Current Mailing Address:**

4415 ALEX AVE  
CUMMING, GA 34616

**New Mailing Address:**

FEI Number: 59-3285520      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WILLISON, MICHAEL ESQ.  
2033 E. EDGEWOOD DRIVE  
LAKELAND, FL 33803 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: ARNER, BRIAN  
Address: 4415 ALEX AVE  
City-St-Zip: CUMMING, GA 30040

Title: STD ( ) Delete  
Name: ARNER, PENNI G  
Address: 4415 ALEX AVE  
City-St-Zip: CUMMING, GA 30040

Title: TD ( ) Delete  
Name: GERARD, PAUL  
Address: 6315 DEXTERS DRIVE  
City-St-Zip: CUMMING, GA 30040

**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:

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: BRIAN ARNER

PD

04/20/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date