

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 24, 2007
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 D. ARNER

PD

01/24/2007

Electronic Signature of Signing Officer or Director

_____ Date