2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# N93000003066

Entity Name: ANOINTED REACHOUT MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business:

504 S DIXIE HWY
#3
POMPANO BEACH, FL 33060 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 993
DEERFIELD BEACH, FL 33443

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

MADISON, LONNIE B SR
170 SW 2ND ST
DEERFIELD, FL 33441 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: MADISON, LONNIE B SR
Address: 3721 NW 28TH CT.
City-St-Zip: LAUDERDALE LAKES, FL 33311

Title: VP D ( ) Delete
Name: MADISON, JUANITA
Address: 3721 NW 28TH CT.
City-St-Zip: LAUDERDALE LAKES, FL 33311

Title: D ( ) Delete
Name: YOUMANS, VERA
Address: 232 SW 1ST STREET
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: SD ( ) Delete
Name: LUCAS, SHELIA
Address: 1220 SW 5TH AVE
City-St-Zip: DEERFIELD, FL 33441

Title: ASD ( ) Delete
Name: STANLEY, CHARLENE
Address: 279 NE 41 CT.
City-St-Zip: POMPANO BEACH, FL 33064

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:

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: MADISON, LONNIE, B, SR LM 05/01/2006
Electronic Signature of Signing Officer or Director — Date