2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004683

Entity Name: LYNDIE MCCAULEY MINISTRIES, INC.

FILED May 02, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
Ourient i inicipal i lace of Dusiness.	New I Interput I face of Dasiness

19772 VILLA CREEK DRIVE 27631 PINE POINT DR.

TAMPA, FL 33647 US WESLEY CHAPEL, FL 33543 US

Current Mailing Address: New Mailing Address:

17992 VILLA CREEK DRIVE 21841 LADYSLIPPER SQ ASHBURN, VA 20147 US

FEI Number: 59-3295969 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:

MCCAULEY, LYNDIE REV.

17992 VILLA CREEK DRIVE

TAMPA, FL 33647 US

MCCAULEY, LYNDIE REV.

27631 PINE POINT DR.

WESLEY CHAPEL, FL 33543 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: LYNDIE MCCAULEY 05/02/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 MCCAULEY, LYNDIE REV
 Name:
 MCCAULEY, LYNDIE REV

 Address:
 17992 VILLA CREEK DRIVE
 Address:
 20147 LADYSLIPPER SQ

 City-St-Zip:
 TAMPA, FL 33647
 City-St-Zip:
 ASHBURN, VA 20147

Title: DT () Delete Title: () Change () Addition

 Name:
 MCDONNOUGH, JANE REV.
 Name:

 Address:
 27631 PINE POINT DRIVE
 Address:

 City-St-Zip:
 WESLEY CHAPEL, FL 33543
 City-St-Zip:

Title: DVP () Delete Title: () Change () Addition

 Name:
 BROWNE, HOWARD R DR.
 Name:

 Address:
 PO BOX 16057
 Address:

 City-St-Zip:
 TAMPA, FL 33647
 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: LYNDIE MCCAULEY REV. 05/02/2006