


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2006 08:00 A
Secretary of State

DOCUMENT # N94000005659	
1. Entity Name THE CATHOLIC PRAYER MINISTRY OF THE HOLY SPIRIT, INC.	

Principal Place of Business 1229 SW 172ND TERRACE PEMBROKE PINES, FL 33029 US	Mailing Address 1229 SW 172 TERR PEMBROKE PINES, FL 33029 US
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05102006 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0537287	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MOGBO, CHUCK P.A.
2800 W OAKLAND PK BLVD STE 209
OAKLAND PARK, FL 33311**

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EDEH, FR DR EMMANUEL 1229 SW 172ND TERR PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MADUKAJI, ASCENSION 1229 SW 172ND TERR PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ANEKWE, MARIA P 1229 S.W. 172ND TERR. PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHILAKA, PHILO-CORDIS 1229 S.W. 172ND TERR. PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/20/06-80103-003 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: P.C. Chilaka Philo Cordis Chilaka 5/11/06 (305) 343-5120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #