


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # N95000000082 1. Entity Name SAINTS EQUIPPED TO EVANGELIZE, INC.	
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Principal Place of Business 501 VILLAGE GREEN PKWY SUITE 22 BRADENTON, FL 34209 US	Mailing Address P.O. BOX 587 BRADENTON, FL 34206-0587 US
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DO NOT WRITE IN THIS SPACE



03182007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0544687	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SPATOLA, SALVATORE A 5314 19TH AVE. WEST BRADENTON, FL 34209	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	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	P SALVATORE, SPATOLA 5314 19TH AVE W BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD CULPEPPER, BART 119 MONTICELLO WEAVERVILLE, NC 28787
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD THOMAS, KEITH 4709 SNEAD ISLAND RD PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOWARD, RUSSELL S 8848 FAWN RIDGE DR FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000747547
05/17/07-80029-006 61.25

**DO NOT WRITE
IN THIS SPACE**

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:  **4/23/07** **(941) 732-5505**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #