
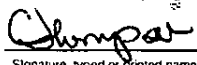
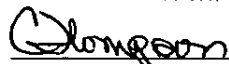


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90020 018 \*\*\*\*61.25

<b>DOCUMENT # N95000004729</b> 1. Entity Name <b>WALLS OF FIRE MINISTRIES INC.</b>					
Principal Place of Business <b>5301 NW 17TH AVE MIAMI, FL 33142</b>			Mailing Address <b>P.O. BOX 2152 MIAMI, FL 33247 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0601804</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>THOMPSON, CHARLOTTE</b> <b>1086 NE 209 TERR</b> <b>MIAMI, FL 33179</b>				7. Name and Address of New Registered Agent  Name <b>Thompson, Charlotte</b> Street Address (P.O. Box Number is Not Acceptable) <b>2280 N. Sherman Cir # 201</b>  City <b>MIRAMAR</b> FL Zip Code <b>33025</b>	
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>3/6/06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD</b> <b>THOMPSON, CHARLOTTE</b> <input type="checkbox"/> Delete <b>1086 NE 209 TERR</b> <b>MIAMI, FL 33173</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Only Address</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2280 N. Sherman Cir # 201</b> <b>MIRAMAR FL 33025</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD</b> <input type="checkbox"/> Delete <b>SANTANA, BARBARA</b> <b>7616 NW 30TH AVE</b> <b>MIAMI, FL 33144</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VTD</b> <input type="checkbox"/> Delete <b>HARRIS, ELLA</b> <b>1794 NW 56 ST</b> <b>MIAMI, FL 33142</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>3-6-06</b> <b>9544388529</b> <small>Date Daytime Phone #</small>		