2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005
Secretary of State

DOCUMENT# N96000001672

Entity Name: FLAME MINISTRIES, INC.

Current Principal Place of Business:

PO BOX 2083
SUMNER, WA 983900460

New Principal Place of Business:

Current Mailing Address:

PO BOX 2083
SUMNER, WA 983900460

New Mailing Address:

FEI Number: 58-2227705 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ZUCKERMAN, JON
15421 BRUSHWOOD DR
TAMPA, FL 33624 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: PT ( ) Delete
Name: TZOLOV, PLAMEN
Address: 35349 11TH CT SW
City-St-Zip: FEDERAL WAY, WA 98023

Title: VT ( ) Delete
Name: MATTHEWS, BILL
Address: 11800 196TH AVE. NW
City-St-Zip: ELK RIVER, MN 55330

Title: STT ( ) Delete
Name: TZOLOV, DEBBY
Address: 35349 11TH CT SW
City-St-Zip: FEDERAL WAY, WA 98023

Title: AST ( ) Delete
Name: MATTHEWS, MARY
Address: 11800 196TH AVE. NW
City-St-Zip: ELK RIVER, MN 55330

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NELLY ATANASSOV MRS 01/19/2005

Electronic Signature of Signing Officer or Director — Date