2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001672

Entity Name: FLAME MINISTRIES, INC.

FILED Apr 24, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

PO BOX 2083 PO BOX 23854

SUMNER, WA 983900460 FEDERAL WAY, WA 98093 US

Current Mailing Address: New Mailing Address:

PO BOX 2083 PO BOX 23854

SUMNER, WA 983900460 FEDERAL WAY, WA 98093 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ZUCKERMAN, JON 15421 BRUSHWOOD DR TAMPA, FL 33624

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

TZOLOV, PLÀMEN TZOLOV, PLAMEN Name: Name: 35349 11TH CT SW Address: 6201 23RD ST NE Address: City-St-Zip: FEDERAL WAY, WA 98023 City-St-Zip: TACOMA, WA 98422

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

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

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

TZOLOV, DEBBY Name: TZOLOV, DEBBY Name: 35349 11TH CT SW Address: Address: 6201 23RD ST NE City-St-Zip: FEDERAL WAY, WA 98023 City-St-Zip: TACOMA, WA 98422

() Delete Title: AST Title: () Change () Addition

Name: MATTHEWS, MARY Name: Address: 11800 196TH AVE. NW Address: City-St-Zip: ELK RIVER, MN 55330 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: DEBBY TZOLOV CTT 04/24/2006