2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE: 🞾

Sep 11, 2006 8:00 am Secretary of State DOCUMENT # N9600003357 09-11-2006 90002 041 ****61.25 1. Entity Name BIBLICAL HOUSE OF GOD, CHURCH OF SALVATION AND PRAISES, INC. Principal Place of Business Mailing Address 1876 N W 107TH ST 6870 N W 47TH PLACE LAUDERHILL, FL 33319 MIAMI, FL 33167 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 09052006 Chg-NP CR2E037 (4/06) 4. FEI Number 59-1571892 Applied For City & State City & State Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MCCORMICK, ALTHEA ELDER Street Address (P.O. Box Number is Not Acceptable) 6870 N.W. 47TH PLACE LAUDERHILL, FL 33319 City Zip Code 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 regi istered agent. SIGNATURE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by September 15, 2006 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. PLANdition TITLE Delete ROBBINS, ELICE DEA NAME NAME STREET ADDRESS 1876 N.W. 107TH STREET STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI, FL 33167 ASSP ■ Addition ☐ Delete TITLE TITLE JOHNSON, D ELDER NAME STREET ADDRESS 540 S.W. 63 AVENUE STREET ADDRESS CITY-ST-ZIP MARGATE, FL 33068 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition IIILE NAME MCCORMICK, A ELDER NAME STREET ADDRESS STREET ADDRESS 6870 N W 47TH PL CITY-ST-ZIP LAUDERHILL, FL 33319 CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP Addition ☐ Delete TITLE NAME NAME MARKET MERCHAN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 local effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to effect 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 attactprent/with an address, with all other blike harposted.

FILED