2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 04, 2006 8:00 am Secretary of State

ANNOAL ILL ON 1					Secretary of State				
DOCUMENT # N9600003666 1. Entity Name PERFECTED PRAISE AND WORSHIP CENTER INC.						-04-2006 90198 03:			
Principal Place of Business Mailing Address PERFECTED PRAISE AND WORSHIP 2037 - 28TH STREET 1856 MARTIN LUTHER KING SARASOTA, FL 34234 SARASOTA, FL 34234					# 10 0 17 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1	Arin anin arin dan arin arin salah		(1888 - 1888)	
2. Principal Place of Business 3. Mailing Address									
Suite, Apt. #, etc. Suite, Apt. #, etc.				04182006 C					
1856 martin Lather Way 1156 Co Garuy			1 Aug			hg-NP CR2E03	37 (11/05)		
City & State SHRASOta SARASOta SARASOta Fla			а		 FEI Number 65-089052 	23		plied For t Applicable	
Zip Country 34234 SARA		Zip (234	Country		5. Certificate of St	tatus Desired	\$8.75 Add	litional	
6. Name and Address of Current Registered Agent				·	7. Name and Address of New Registered Agent				
-GRIMESTREGINALD				Name JAMES B Lumsden Sr					
2737 PALMEDEITA AVE			Street A	Street Address (P.O. Box Number is Not Acceptable)					
SARASOTA, FL 34234			177	1777 18th St APHO9					
			City	SARASTA FIA FL Zip Code					
8. The above named entity submits this	statement for the pu	urpose of changing its r	egistered office o	r register	ed agent, or both, in	the State of Florida. I am	familiar with,	and accept	
the obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE									
	registered agent and title if	applicable. (NOTE:	Registered Agent signat	ure required	when reinstating)	DATE			
	5	9. Election Carm Trust Fund Co	paign Financing		when reinstating) \$5.00 May Be Added to Fees	<u> </u>	k payable to		
Filing Fee is \$61.25 Due by May 1, 2006	5	9. Election Cam Trust Fund Co	paign Financing		\$5.00 May Be Added to Fees	Make chec	tment of St	ate	
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 1.19, 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/06

Daytime Phone #