2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006
Secretary of State

DOCUMENT# N96000004532

Entity Name: REVELATION MINISTRIES, INC.

Current Principal Place of Business:

1881 N UNIVERSITY DR
107
CORAL SPRINGS, FL 33071 US

New Principal Place of Business:

Current Mailing Address:

1881 N UNIVERSITY DR
107
CORAL SPRINGS, FL 33071 US

New Mailing Address:

FEI Number: 65-0694890 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHN C DOWNS
1881 N UNIVERSITY DR
STE 107
CORAL SPRINGS, FL 33071 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:	D	(X) Delete
Name:	NOBLETT, KIM REV.	
Address:	6363 NW 6TH WAY, STE 210	
City-St-Zip:	FORT LAUDERDALE, FL 33309	
Title:	D	( ) Delete
Name:	JOHNSON, ALAN TRAVIS	
Address:	859 NE 33 ST	
City-St-Zip:	FT LAUDERDALE, FL 3334	
Title:	D	( ) Delete
Name:	JOHNSON, SARA D	
Address:	859 NE 33 ST	
City-St-Zip:	FT LAUDERDALE, FL 33334	
Title:	T	( ) Delete
Name:	DOWNS, JOHN C CPA	
Address:	1881 N. UNIVERSITY DR 3107	
City-St-Zip:	CORAL SPRINGS, FL 33071	

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 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: JOHN C. DOWNS T 04/17/2006

Electronic Signature of Signing Officer or Director — Date