2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006
Secretary of State

DOCUMENT# N97000006796

Entity Name: PRAYER FOR OUR SCHOOLS, INC.

Current Principal Place of Business:

4437 JANA LN E
JACKSONVILLE, FL 32210 US

New Principal Place of Business:

5216 WESTCHASE CT.
#1
JACKSONVILLE, FL 32210 US

Current Mailing Address:

7900 20 103RD STREET
SUITE 98
JACKSONVILLE, FL 32210 US

New Mailing Address:

FEI Number: 31-1673813 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CULL, JULIE
4437 JANA LANE EAST
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

CULL, JULIE
5216 WESTCHASE CT.
#1
JACKSONVILLE, FL 32210 US

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: _____ 05/02/2006
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: CULL, JULIE W
Address: 4437 JANA LANE EAST
City-St-Zip: JACKSONVILLE, FL 32210

Title: DV ( ) Delete
Name: MAYHEW, BEATRICE
Address: 1137 WOODRUFF COURT #15
City-St-Zip: JACKSONVILLE, FL 32210

Title: DT ( ) Delete
Name: WARD, MELANESE
Address: 2348 SHERINGTON ST
City-St-Zip: JACKSONVILLE, FL 32210

Title: DS ( ) Delete
Name: MCCLENDON, DORIS
Address: 4042 BALD EAGLE LN
City-St-Zip: JACKSONVILLE, FL 32257

Title: D ( ) Delete
Name: GRANT, MICHAEL
Address: 7900 103RD ST., SUITE 15
City-St-Zip: JACKSONVILLE, FL 32210

Title: D ( ) Delete
Name: GRANT, FREDDIE M
Address: 7900 103RD ST., SUITE 15
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: CULL, JULIE Y
Address: 5216 WESTCHASE CT. #1
City-St-Zip: JACKSONVILLE, FL 32210

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:

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: JULIE Y CULL DP 05/02/2006
Electronic Signature of Signing Officer or Director — Date