


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000003841	
1. Entity Name TRAVELERS MOBILE MINISTRY, INC.	

Principal Place of Business 6787 COPPERFIELD DRIVE NEW PORT RICHEY FL 34655	Mailing Address 6787 COPPERFIELD DRIVE NEW PORT RICHEY FL 34655
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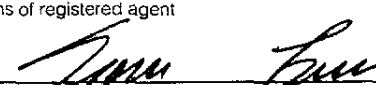
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE	CR2E037 (10/05)
4. FEI Number 59-3582029	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LANE, TOMMIE S 6787 COPPERFIELD DRIVE NEW PORT RICHEY FL 34655
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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 registered agent

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating)

DATE: **2-8-06**

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LANE, TOMMIE 6787 COPPERFIELD AVE NEW PORT RICHEY FL 34655 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD LANE, CHRISTINA 6787 COPPERFIELD AVE NEW PORT RICHEY FL 34655 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD PAULES, SHERRI 5416 FULMER AVE TAMPA FL 33625 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BM HATTEN, BRENT 2321 N MERRILY CIR SEFFNER FL 33584 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BM WOLFE, EDWARD 4648 NE VAUGHEN ST TERREBONNE OR 97760-0598 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BM NOAK, DONNA 9627 FOX HEARST RD TAMPA FL 33647 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add 11000000429240 02/21/06-80080-019 61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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.

SIGNATURE:  **TOMMIE LANE** **2-8-06** **727-372-1121**