

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

**FILED  
Apr 28, 2006  
Secretary of State**

DOCUMENT# N99000004957

Entity Name: ANNETTE ANDERSON MINISTRIES INC.

**Current Principal Place of Business:**

3451 N.W. 207TH ST.  
OPA LOCKA, FL 33056

**New Principal Place of Business:**

**Current Mailing Address:**

3451 N.W. 207TH ST.  
OPA LOCKA, FL 33056

**New Mailing Address:**

FEI Number: 65-0946290      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ANDERSON, ANNETTE  
3451 N.W. 207TH ST.  
OPA LOCKA, FL 33056      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: PD ( ) Delete  
Name: ANDERSON, ANNETTE  
Address: 3451 N.W. 207TH ST.  
City-St-Zip: OPA LOCKA, FL 33056

Title: TD ( ) Delete  
Name: WALKER, CAROLYN  
Address: 3451 N.W. 207TH ST.  
City-St-Zip: OPA LOCKA, FL 33056

Title: SD ( ) Delete  
Name: HARRIS, WILLIE H  
Address: 18005 N.W. 44TH COURT  
City-St-Zip: OPA LOCKA, FL 33055

**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:

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: ANNETTE ANDERSON

PD

04/28/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date