


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90044 017 ***150.00


DOCUMENT # P00000099408	
1. Entity Name RANZER A. THOMAS MINISTRIES, INC.	

Principal Place of Business 85 NE 213TH ST. MIAMI FL 33179	Mailing Address 85 NE 213TH ST. MIAMI FL 33179
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2. Principal Place of Business 5384 S.W. 159th AVE	3. Mailing Address 5384 S.W. 159th AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Miramar, FL	City & State Miramar, FL
Zip 33027	Zip 33027
Country U.S.A	Country U.S.A

10010001



1st MOORE CR2E034 (10/04)

4. FEI Number 65-1047736	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 THOMAS, RANZER A 85 NE 213TH ST. MIAMI FL 33179	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMAS, RANZER A 85 NE 213TH ST. MIAMI FL 33179 <i>Address Change ONLY</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THOMAS, RHONDA M 85 NE 213TH ST. MIAMI FL 33179 <i>Address Change ONLY</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Thomas, Ranzer A. <i>Change</i> 85 NE 213TH ST. MIAMI FL 33179 5384 S.W. 159th AVE Miramar, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Thomas, Rhonda M. <i>Change</i> 85 NE 213TH ST. MIAMI FL 33179 5384 S.W. 159th AVE Miramar, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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: Ranzer A. Thomas Sr. Jan 28, 05 450-7267 (954)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #