2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

NAME   STREET ADDRESS   CITY ST-ZP    CITY	DOCUMENT # P01000030415  1. Entity Name  CHRISTIAN BOOK STORE, INC.				Feb 18, 2005 08:00 AN Secretary of State
2. Principal Pace of Business	Princip al Plac	on of Pusinger	Mailing Address		_
Sulle, Apt. #, etc.  1st MOORE  CR26924 (1004)  Application  Total Formation  Special Country  Sp	78 S. SEWALL'S POINT ROAD 78 S. SEWALL'S PO		. 78 S. SEWALL'S POI	NT ROAD	
Sulte. Apt. F., etc.  Sulte. Apt. F., etc.  Sulte. Apt. F., etc.  City & State  Fee Tecquised  Fee Tecqui	JOANTIL		310/11111111111111111111111111111111111		)
City & State  City & State  Country  Co	2. Principal Place of Business		3. Mailing Address		
Size   Country   Zip   Country   Zip   Country   So. Certificate of Status Desired   \$8.75 Additional Fee Enagation   \$8.75 Additi	Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/04)
September   Sept	City & State		City & State		EE 1000306
REILLY, EDWARD 78 S. SEWALL'S POINT ROAD STUART FL 34996	Zip	Country	Zip	Country	5 Certificate of Status Desired  \$8.75 Additional
REILLY, EDWARD 78 S. SEWALL'S POINT ROAD STUART FL 34996  City FL Zip Code  S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee Will Be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INIT.  REILLY, EDWARD R		6. Name and Address of Current	Registered Agent		
STEAL POINT ROAD STUART FL 34996  City FL Zip Code  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  SIGNATURE  FILE NOW!!! FEE IS \$150.00  Make Check Payable to Florida Bepartment of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  INTE. NOME  REILLY, EDWARD  SIREL NORSES  OFFICERS AND DIRECTORS IN 11  INTE. NAME  SIREL NORSES  CITY 51-2P  THE				Name	
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THE NOW!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  HILL D REILLY, EDWARD DEIde Now.  REILLY, EDWARD STUART FL 34996 1015 1015 1015 1015 1015 1015 1015 101				City	<b>₽</b> Zip Code
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Floride Department of State  10. OFFICERS AND DIRECTORS 11.1  TITLE  MAME SIRELLY, EDWARD 78 S. SEWALL'S POINT ROAD TOUR ST 78  TITLE  TITL	the obliga	tions of registered agent.	 		
## After May 1, 2005 Fee Will Be \$550.00   Make Check Payable to Florida Department of State		Signature, typed or prifited name of registered agent a	and life if applicable (NO	TE Registered Agent signature req	gured when reinstating) DATE
THE NAME   CHANGES   CITY-ST-ZP    CITY-ST	After May 1, 2005 Fee Will Be \$550.00				
NAME   SINGEL ADDRESS   TO S. SEWALL'S POINT ROAD   SINGEL ADDRESS   SINGEL ADDRESS   TO S. SEWALL'S POINT ROAD   SINGEL ADDRESS   TO S. SEWALL'S POINT ROAD   SINGEL ADDRESS   TO S. SEWALL'S POINT ROAD   SINGEL ADDRESS   SING	10,	OFFICERS AND I	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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**FILED** 

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:

SIGNATURE AND TYPED OR PRINTED NAMBOF SIGNING OFFICER OR DIRECTOR

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