2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000053867

1. Entity Name

4150 NW 7TH AVENUE MIAMI, FL 33127

INC.

ANOINTED PUBLICATIONS AND RESOURCE CENTER, Principal Place of Business Mailing Address

16280 S.W. 21ST ST.

MIRAMAR, FL 33027-4463

FILED Apr 30, 2005 08:00 AM Secretary of State



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U	4132003	NO Olig-P	Onzi	ONZE004 (10/03)		
4.	FEI Number				Applied For	
	65-1111	512	_		Not Applicable	
5.	Certificate o	of Status Desired	Œ	\$8.7! Fee Re	5 Additional equired	

6. Name and Address of Current Registered Agent

ALEXANDER, ETHEL 4150 NW 7TH AVENUE MIAMI, FL 33127

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	named entity submits this statement for the pions of registered agent.	ourpose of changing its registered	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable. (NOTE, Registered	Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 by 1, 2005 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	oing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ALEXANDER, ETHEL 16280 SW 21ST ST. MIRAMAR, FL 330274463		,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					05/02/05-80093-016 158.75
TITLE NAME					05/02/05-80093-016 158.75
STREET ADDRESS CITY+ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY - ST - ZIP				IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS GITY-ST-ZIP					e e e e e e e e e e e e e e e e e e e
12. i hereby o	certify that the information supplied with this fi	iling does not qualify for the exemend accurate and that my signature.	ption state	in Section 119.07(3) te the same legal effe	(i), Florida Statutes. I further certify that the information of as if made under path; 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: E. J. D. D. J.	ETHEZ	Alexander	4/18/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR	DIRECTOR	Date	Daytime Phone #	