2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000122503

Entity Name: THE KINGDOM PRINCIPLES CORPORATION

FILED Dec 15, 2004 Secretary of State

		III OBOWII I KII V		1014				
Current Principal Place of Business:				New Princ	New Principal Place of Business:			
916 DELTONA BLVD. SUITE #104 DELTONA ,, FL 32725 US				826 LAUREL LEAF STREET ORANGE CITY, FL 32763 US				
Current Mailing Address:				New Mailir	New Mailing Address:			
P. O. BOX 740148 ORANGE CITY, FL 32774 US				826 LAUREL LEAF STREET ORANGE CITY, FL 32763 US				
FEI Number:	01-0673603	FEI Number	Applied For() F	El Number Not Appli	cable () Certi	ificate of Status Desir	ed (X)	
Name and	Address o	f Current Regi	stered Agent:	Name and	Address of New F	Registered Agent:		
826 LAURE	N, WILLIAM EL LEAF ST CITY, FL 32	REET						
The above in the State		ty submits this s	tatement for the purp	oose of changing it	s registered office	or registered agent	, or both,	
SIGNATUR	RE:							
	Elect	ronic Signature	of Registered Agent			Date		
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	826 LAUREI	() Delete , WILLIAM A _ LEAF STREET TY, FL 32763 US		Title: Name: Address: City-St-Zip:	P (X) Chan STRIDIRON, WILLIAN 826 LAUREL LEAF S' ORANGE CITY, FL 3:	ΓREET		
Title: Name: Address: City-St-Zip:		() Delete IAH S JR. YLLIS CIRCLE FL 32825 US		Title: Name: Address: City-St-Zip:	VP (X) Chan STRIDIRON, LUCIA \ 826 LAUREL LEAF S' ORANGE CITY, FL 33	TREET		
Title: Name: Address: City-St-Zip:	B WILKERSO 981 CENTE DELTONA,,	,		Title: Name: Address: City-St-Zip:	S (X) Chan STRIDIRON, LUCIA S 826 LAUREL LEAF S' ORANGE CITY, FL 3	TREET		
Title: Name: Address: City-St-Zip:	I.A. NIELSEN, J. 651 GLENR WINTER PA			Title: Name: Address: City-St-Zip:	T (X) Chan STRIDIRON, WILLIAN 826 LAUREL LEAF S' ORANGE CITY, FL 3:	TREET		
Title: Name: Address: City-St-Zip:	S ZUBER, JOS 1 KING ART CASSELBE			Title: Name: Address: City-St-Zip:	()Chan	ge () Addition		
Title:	D	(X) Delete		Title:	() Chan	ge () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: WILLIAM A. STRIDIRON P 12/15/2004

DILLIGARD, LARRY C

10107 FOX QUARRY LANE

SANFORD, FL 32773 US

Name:

Address:

City-St-Zip: