


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000008305

1. Entity Name
CHURCHFORCE, INC.



Principal Place of Business
6301 MEMORIAL HIGHWAY
SUITE 102
TAMPA, FL 33615

Mailing Address
6301 MEMORIAL HIGHWAY
SUITE 102
TAMPA, FL 33615

DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number
80-0006948

Applied For
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GOMEZ, MAYRA
4920 BAY CREST DRIVE
TAMPA, FL 33615

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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 Mayra Gomez 1/5/06 Mayra Gomez DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GOMEZ, JOSE
STREET ADDRESS	4920 BAY CREST DRIVE
CITY - ST - ZIP	TAMPA, FL 33615
TITLE	O
NAME	ALICEA, IVIS J
STREET ADDRESS	2701 W TAMPA BAY BLVD, APT A
CITY - ST - ZIP	TAMPA, FL 33607
TITLE	O
NAME	ALICEA, ANTHONY J
STREET ADDRESS	2701 W TAMPA BAY BLVD APT A
CITY - ST - ZIP	TAMPA, FL 33607
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Jose Gomez, Jr. 1/5/06 813-549-0444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #