2005 FOR PROFIT CORPORATION.

May 03, 2005 8:00 am Secretary of State **ANNUAL REPORT** 05-03-2005 90094 026 ***150.00 **DOCUMENT # P04000027588** I DO CHURCHES, INC. Principal Place of Business Mailing Address 12534 C.R. 561A 12534 C.R. 561A CLERMONT, FL 34711 US CLERMONT, FL 34711 US 04232005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 57-1189403 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCHULTZ, PAUL E JR. DO NOT WRITE 37343 TURNER DRIVE 12534 C.R.SGI A UMATILLA, FL 32784 CLEAMONT FL 34711 IN THIS SPACE 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 ______Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS PVD TITLE SCHULTZ, PAUL E JR. NAME 3734S TURNER DRIVE 12534 C.R. SUIA STREET ADDRESS WATELLA, FL 32784 CLEAMONT FL 34711 CITY-ST-ZIP HILE NAME STREET ADDRESS CITY-ST ZIP THLE NAMI-STREET ADDRESS DO NOT WRITE CHY-ST-ZIP IN THIS SPACE TIME NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP

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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 cath; 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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

| SIGNATURE: | Paul | 2 Schu | l Pou | 1 E | Schultz | 4-26.05 | - 3-2-792 |
|------------|------|---|-------|-----|---------|---------|-----------------|
| | | SIGNATURE AND TYPED OR PRIMED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Date | Daytime Phone # |