

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 MAR -7 PM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000057436 1.- Entity Name KINGDOM BUILDERS, INC. OF TALLAHASSEE	
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Principal Place of Business 3823 WIGGINGTON RD TALLAHASSEE, FL 32303	Mailing Address 3823 WIGGINGTON RD TALLAHASSEE, FL 32303
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

03072005 Chg-P CR2E034 (10/03) **05**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
FERNANDEZ, ROBERT 3823 WIGGINGTON RD TALLAHASSEE, FL 32303		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PRESIDENT ROBERT Y. FERNANDEZ 3823 WIGGINGTON RD. TALLAHASSEE, FL 32303	TITLE	900049028489 03/24/05--01004--008 **150.00
NAME	Delete <input type="checkbox"/>	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	Delete <input type="checkbox"/>	STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY-ST-ZIP	Delete <input type="checkbox"/>	CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE	Delete <input type="checkbox"/>	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	Delete <input type="checkbox"/>	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS	Delete <input type="checkbox"/>	STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
CITY-ST-ZIP	Delete <input type="checkbox"/>	CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>

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) _____ (Date) _____ (Daytime Phone #)