

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000089209

FILED
Mar 25, 2006
Secretary of State

Entity Name: THE CHRISTIAN CONNECTION, INC.

Current Principal Place of Business:

2415 SOUTH U.S. 1
FORT PIERCE, FL 34982

New Principal Place of Business:

Current Mailing Address:

588 NW WAVERLY CIRCLE
PORT ST. LUCIE, FL 34983

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MORRIS, JOHNNNA S
588 NW WAVERLY CIRCLE
PORT ST. LUCIE, FL 34983 US

Name and Address of New Registered Agent:

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.

SIGNATURE: JOHNNNA S. MORRIS

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MORRIS, JOHNNNA S
Address: 588 NW WAVERLY CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: VP () Delete
Name: MORRIS, MICHAEL A
Address: 588 NW WAVERLY CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: S () Delete
Name: SPIVEY, ANNETTE M
Address: 2816 FAIRWAY DRIVE
City-St-Zip: FORT PIERCE, FL 34982

Title: T () Delete
Name: MORRIS, PATRICIA B
Address: 2406 RIVER HAMMOCK LANE
City-St-Zip: FORT PIERCE, FL 34981

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name: MORRIS, PATRICIA B
Address: 2406 RIVER HAMMOCK LANE
City-St-Zip: FORT PIERCE, FL 34981

Title: () Change () Addition
Name: MORRIS, MICHAEL A
Address: 588 NW WAVERLY CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: S (X) Change () Addition
Name: MORRIS, PATRICIA B
Address: 2406 RIVER HAMMOCK LANE
City-St-Zip: FORT PIERCE, FL 34981

Title: T (X) Change () Addition
Name: MORRIS, NATHANIEL SR
Address: 2406 RIVER HAMMOCK LANE
City-St-Zip: FORT PIERCE, FL 34981

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

SIGNATURE: JOHNNNA S. MORRIS

Electronic Signature of Signing Officer or Director

P

03/25/2006

Date