

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90055 028 ***150.00

DOCUMENT # P04000166838					
1. Entity Name COVENANT PROMISE INVESTMENT CORPORATION					
Principal Place of Business 9621 NW 39TH COURT COOPER CITY, FL 33024			Mailing Address 9621 NW 39TH COURT COOPER CITY, FL 33024		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		DEPART	
6. Name and Address of Current Registered Agent LIVERPOOL, RUTH 4974 N UNIVERSITY DRIVE LAUDERHILL, FL 33351				7. Name and Address of New Registered Agent Name <u>DAMION TENN</u> Street Address (P.O. Box Number is Not Acceptable) <u>9621 NW 39TH COURT</u> <u>COOPER CITY, FL 33024</u> City <u>FL</u> 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 <u>Damion Tenn</u> DATE <u>3/14/05</u> <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TENN, DAMION 9621 NW 39TH COURT COOPER CITY, FL 33024	<input type="checkbox"/> Delete			
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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 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: <u>Damion Tenn</u> DATE <u>3/14/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					