

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2006 08:00 A
Secretary of State

DOCUMENT # P04000166838 1. Entity Name COVENANT PROMISE INVESTMENT CORPORATION	
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Principal Place of Business 9621 NW 39TH COURT COOPER CITY, FL 33024	Mailing Address 9621 NW 39TH COURT COOPER CITY, FL 33024
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DO NOT WRITE IN THIS SPACE



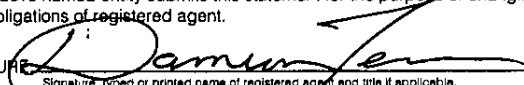
05042006 No Chg-P CR2E034 (11/05)

4. FEI Number 51-0530315	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TENN, DAMION 9621 NW 29TH COURT COOPER CITY, FL 33021

**DO NOT WRITE
IN THIS SPACE**

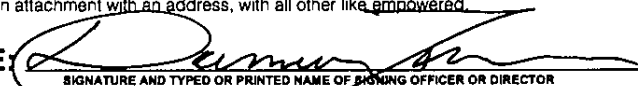
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE 5/1/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP TENN, DAMION 9621 NW 39TH COURT COOPER CITY, FL 33024
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05/20/06-80006-011 150.00

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IN THIS SPACE**

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  <small>SIGNATURE AND TYPED OR PRINTED NAME OF BANKING OFFICER OR DIRECTOR</small>	Date _____ Daytime Phone # _____