

04/24/2006 12:53 3056700223

GRUBERROSEN

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT****FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90165 041 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                 |                                                                                     |                                                                  |                                                                                                 |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P05000017190</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                 |                                                                                     |                                                                  |                |  |
| 1. Entity Name<br><b>LORD'S CHRISTIAN BOOKSTORE, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                 |                                                                                     |                                                                  |                                                                                                 |  |
| Principal Place of Business<br><b>14952 SW 74TH TERR<br/>MIAMI, FL 33193</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                 |                                                                                     | Mailing Address<br><b>14952 SW 74TH TERR<br/>MIAMI, FL 33193</b> |                                                                                                 |  |
| 2. Principal Place of Business<br><b>15676 SW 72 ST.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                 |                                                                                     | 3. Mailing Address<br><b>15676 SW 72 ST</b>                      |                                                                                                 |  |
| Suite, Apt. #, etc.<br><b>K</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                 |                                                                                     | Suite, Apt. #, etc.                                              |                                                                                                 |  |
| City & State<br><b>MIAMI FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                 | City & State<br><b>MIAMI FL</b>                                                     |                                                                  | 4. FEI Number<br><b>20-249-0418</b>                                                             |  |
| Zip<br><b>33193</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                 | Country                                                                             |                                                                  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><b>MARQUEZ, EMILIO<br/>14952 SW 74TH TERR<br/>MIAMI, FL 33193</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                 |                                                                                     | 7. Name and Address of New Registered Agent                      |                                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                 |                                                                                     | Name                                                             |                                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                 |                                                                                     | Street Address (P.O. Box Number is Not Acceptable)               |                                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                 |                                                                                     | City                                                             |                                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                 |                                                                                     | State <b>FL</b>                                                  |                                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                 |                                                                                     | 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 _____<br><small>Signature, brand or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                 |                                                                                     |                                                                  |                                                                                                 |  |
| <b>FILE NOW!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                  | <b>\$5.00 May Be<br/>Added to Fees</b>                                                          |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                 |                                                                                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>     |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DVS<br>MARQUEZ, EMILIO<br>14952 SW 74TH TERR<br>MIAMI, FL 33193 | <input type="checkbox"/> Delete                                                     |                                                                  |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DP<br>GARCIA, BETTY G<br>14952 SW 74TH TERR<br>MIAMI, FL 33193  | <input type="checkbox"/> Delete                                                     |                                                                  |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                 | <input type="checkbox"/> Delete                                                     |                                                                  |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                 | <input type="checkbox"/> Delete                                                     |                                                                  |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                 | <input type="checkbox"/> Delete                                                     |                                                                  |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                 | <input type="checkbox"/> Delete                                                     |                                                                  |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                 | <input type="checkbox"/> Delete                                                     |                                                                  |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                 | <input type="checkbox"/> Delete                                                     |                                                                  |                                                                                                 |  |
| 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: <u>Betty G. Garcia</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                 |                                                                                     |                                                                  |                                                                                                 |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                 |                                                                                     |                                                                  |                                                                                                 |  |
| <small>Date</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                 |                                                                                     |                                                                  |                                                                                                 |  |
| <small>Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                 |                                                                                     |                                                                  |                                                                                                 |  |

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