

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 02, 2006 8:00 am
Secretary of State

06-02-2006 90003 046 ***150.00

DOCUMENT # P05000037284

1. Entity Name

EXPLOSION OF LIFE GOSPEL NEWS, INC.



Principal Place of Business

313 SONOMA VALLEY CR
ORLANDO FL 32835

Mailing Address

313 SONOMA VALLEY CR
ORLANDO FL 32835



2. Principal Place of Business

4563 S. Kirkman Rd.

3. Mailing Address

4563 S. Kirkman Rd.

Suite, Apt. #, etc.

3

Suite, Apt. #, etc.

3

City & State

Orlando, Florida

City & State

Orlando, Florida

Zip

32811

Country

U.S.A.

Zip

32811

Country

U.S.A.

4. FEI Number

55-0898389

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

GATES, JOSEPH A
313 SONOMA VALLEY CR
ORLANDO FL 32835

7. Name and Address of New Registered Agent

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

Joseph A. Gates

(Signature, type or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when constituting)

5-26-06

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME GATES, JOSEPH
STREET ADDRESS 313 SONOMA VALLEY CR
CITY-ST-ZIP ORLANDO FL 32835

TITLE VP ☐ Delete
NAME DE MENEZEZ, VALDIR
STREET ADDRESS 339 KETCH CT
CITY-ST-ZIP ORLANDO FL 32835

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Joseph A. Gates

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-26-06

DATE

407-927-5437

DAYTIME PHONE #