

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90282 016 ***150.00

DOCUMENT # P05000150548					
1. Entity Name SUBWAYS FOR THE GLORY OF GOD 1, INC.					
Principal Place of Business 32 CHESTERTON LANE CHESTERFIELD, MO 63017			Mailing Address 32 CHESTERTON LANE → <i>Address changed</i> CHESTERFIELD, MO 63017		
2. Principal Place of Business 1962 W. Tennessee St. Suite, Apt. #, etc.			3. Mailing Address 10535 Casanova Dr. Suite, Apt. #, etc.		
City & State Tallahassee FL		City & State Tallahassee, FL		4. FEI Number 20-3811642	
Zip 32304		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAMPBELL, BRUCE A 1064 WEST TENNESSEE ST. TALLAHASSEE, FL 32304 10535 Casanova Dr. Tallahassee, FL 32317 <i>New address</i>			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 <i>Bruce A Campbell</i> <i>Bruce A. Campbell</i> <i>3-22-06</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing <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	P/D CAMPBELL, BRUCE A 32 CHESTERTON LANE → 10535 Casanova CHESTERFIELD, MO 63017 → Tallahassee, FL 32317		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/T CAMPBELL, BRUCE A 32 CHESTERTON LANE → 10535 Casanova Dr. CHESTERFIELD, MO 63017 → Tallahassee, FL 32317		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Bruce A Campbell</i> <i>Bruce A Campbell</i>			3-22-06 (850) 656-9493		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		