## 2008 FOR PROFIT CORPORATION

## FILED ANNUAL REPORT Apr 25, 2008 08:00 AN Secretary of State **DOCUMENT # P06000099790** 1. Entity Name CREATE THE KINGDOM, INC. Principal Place of Business Mailing Address 11110 LAKEAIRE CIRCLE P.O. BOX 810925 BOCA RATON, FL 33498 BOCA RATON, FL 33498 04222008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2604516 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NOTESTEIN, NANETTE DO NOT WRITE 11110 LAKEAIRE CIRCLE BOCA RATON, FL 33498 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be U00000922236 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 05/15/08-80038-018 150.00 10. OFFICERS AND DIRECTORS TITLE NOTESTEIN, NANETTE NAME STREET ADDRESS 11110 LAKEAIRE CIRCLE BOCA RATON, FL 33498 CITY-ST-ZIF TITLE NAME NOTESTEIN, NANETTE 11110 LAKEAIRE CIRCLE STREET ADDRESS CITY-ST-71P BOCA RATON, FL 33498 TITLE NAME NOTESTEIN, NANETTE STREET ADDRESS 11110 LAKEAIRE CIRCLE DO NOT WRITE CITY-ST-ZIP BOCA RATON, FL 33498 IN THIS SPACE TITLE TREA NOTESTEIN, NANETTE NAME STREET ADDRESS 11110 LAKEAIRE CIRCLE CITY-ST-ZIP BOCA RATON, FL 33498 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS