

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000000887					
1. Entity Name THE LIVING GOSPEL DOT COM, INC.					
Principal Place of Business 5533 GILCHRIST RD JACKSONVILLE, FL 32219			Mailing Address 5533 GILCHRIST RD JACKSONVILLE, FL 32219		
2. Principal Place of Business - No P.O. Box # 1225 WEST BEAVER ST Suite, Apt. #, etc. STE. 113 City & State JACKSONVILLE, FL Zip 32204 Country USA		3. Mailing Address 1225 WEST BEAVER ST Suite, Apt. #, etc. STE. 113 City & State JACKSONVILLE, FL Zip 32204 Country USA			
4. FEI Number 09192008		Chg-P CR2E034 (12/06)		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent WALKER, RONALD K 5533 GILCHRIST RD JACKSONVILLE, FL 32219			
7. Name and Address of New Registered Agent Name RONALD K. WALKER Street Address (P.O. Box Number is Not Acceptable) 1225 WEST BEAVER ST, STE. 113 City JACKSONVILLE FL Zip Code 32204		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: <u>Ronald K. Walker</u> DATE: <u>9/19/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WALKER, RONALD K P O BOX 62109 JACKSONVILLE, FL 32208	<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	CEO WALKER, RONALD K P O BOX 62109 JACKSONVILLE, FL 32208	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100136265011 1208-01047-013 **\$150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD WALKER, ADRIAN V 5020 ROCKINGHAM DR ST LOUIS, MO 63121	<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	SD WALKER, CHERYL F 4906 HIGH CREST CT ST LOUIS, MO 63033	<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: <u>Ronald K. Walker</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>9/19/08</u> Daytime Phone #: <u>(904) 265-4741</u>		

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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