


**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90005 025 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000067263**

1. Corporation Name

**EBENEZER'S CHRISTIAN BOOK STORE & BOUTIQUE, INC.**

Principal Place of Business <b>53 BLUFF LAKE ROAD</b> <b>MASCOTTE FL 34711</b>	Mailing Address <b>53 BLUFF LAKE ROAD</b> <b>MASCOTTE FL 34711</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>53 Bluff Lake Rd</b> Suite, Apt. #, etc. 22 <b>2</b> City & State 23 <b>Mascotte fl 34753</b> Zip Country 24 <b>25</b>		2a. Mailing Address 26 <b>P O Box 1106</b> Suite, Apt. #, etc. 27 City & State 28 <b>Mascotte Fl 34753</b> Zip Country 29 <b>30</b>		3. Date Incorporated or Qualified <b>07/31/1998</b>		4. FEI Number <b>09-3576229</b> Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
				6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>JORDAN, EDWARD P II</b> <b>13543 EAST HWY 50</b> <b>CLERMONT FL 34711</b>		10. Name and Address of New Registered Agent 81 Name <b>Jordan, Edward P II</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>13543 East Hwy. 50</b> 83 <b>Clermont Fl 34711</b> 84 City <b>FL</b> 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE <b>Edward Jordan</b> <b>L. Harnsey</b> <b>5-5-99</b> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GUADAMUZ, INES</b> <b>53 BLUFF LAKE ROAD</b> <b>MASCOTTE FL 34711</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>D</b> <b>Guadamuz, Ines</b> <b>53 Bluff Lake Rd</b> <b>Mascotte Fl 34753</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GUADAMUZ, FRANCISCO</b> <b>53 BLUFF LAKE ROAD</b> <b>MASCOTTE FL 34711</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>D</b> <b>Guadamuz, Francisco</b> <b>53 Bluff Lake Rd</b> <b>Mascotte Fl 34753</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Guadamuz**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-5-99 (352) 429-9875**  
 Date Daytime Phone #

CR2E034 (1/98)