
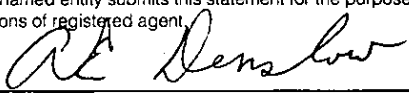
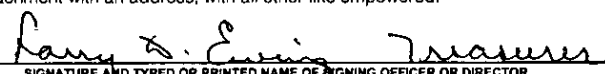


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 11, 2006 8:00 am**  
**Secretary of State**

07-11-2006 90027 039 \*\*\*\*61.25

<b>DOCUMENT # F05000004805</b>							
1. Entity Name <b>THREE ANGELS BROADCASTING NETWORK, INC.</b>							
Principal Place of Business <b>3391 CHARLEY GOOD ROAD WEST FRANKFORT, IL 62896</b>			Mailing Address <b>3391 CHARLEY GOOD ROAD WEST FRANKFORT, IL 62896</b>				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip	Country	Zip	Country	4. FEI Number <b>37-1179056</b>			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>FROST, TRENTON 1410 WEST SILVER OAK DR. AVON PARK, FL 33825</b>			Name <b>Alden E. Denslow</b>				
			Street Address (P.O. Box Number is Not Acceptable) <b>37414 Northside Dr.</b>				
			City <b>Zephyrhills</b>		FL	Zip Code <b>33541</b>	
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 			DATE <b>6/29/06</b>				
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		DATE		
<b>Filing Fee is \$61.25 Due by September 6, 2006</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make check payable to Florida Department of State</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	SHELTON, DANNY		NAME				
STREET ADDRESS	2954 NEW LAKE ROAD		STREET ADDRESS				
CITY-ST-ZIP	WEST FRANKFORT, IL 62896		CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	STEENSON, MOLLIE		NAME				
STREET ADDRESS	400 E. 9TH STREET		STREET ADDRESS				
CITY-ST-ZIP	JOHNSTON CITY, IL 62951		CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	EWING, LARRY		NAME				
STREET ADDRESS	21790 BENTON STREET		STREET ADDRESS				
CITY-ST-ZIP	THOMPSONVILLE, IL 62890		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	CHUNG, MAY		NAME				
STREET ADDRESS	155 MANCHESTER LANE		STREET ADDRESS				
CITY-ST-ZIP	SAN BERNARDINO, CA 92408		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	DENSLOW, KEN		NAME				
STREET ADDRESS	619 PLAINFIELD RD 3RD FLOOR		STREET ADDRESS				
CITY-ST-ZIP	WILLOWBROOK, IL 605215381		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	FJARLI, MERLIN		NAME				
STREET ADDRESS	670 MASON WAY		STREET ADDRESS				
CITY-ST-ZIP	MEDFORD, OR 97501		CITY-ST-ZIP				
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 617, 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: 			Date <b>7/5/06</b>		Daytime Phone # <b>618-627-4651</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone # <b># 3109</b>		