

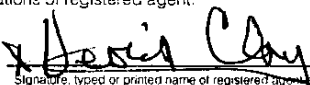
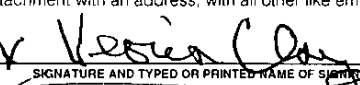


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000006630 1. Entity Name VOLUME OF THE BOOK MINISTRY INC.						FILED 07 JAN 12 PM 4: 47 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 3233 TIMBERLINE RD. WINTER HAVEN, FL 33880			Mailing Address 3233 TIMBERLINE RD. WINTER HAVEN, FL 33880			 REINSTATEMENT 06-07 <small>01102007 REIN-NO CR2E099 (1/07)</small>	
2. Principal Place of Business - No P.O. Box # 187 Lake Thomas Dr. <small>Suite, Apt. #, etc.</small>		3. Mailing Address 187 Lake Thomas Drive <small>Suite, Apt. #, etc.</small>					
City & State Winter Haven		City & State Winter Haven		4. FEI Number 86-1116277		Applied For <input type="checkbox"/> Not Applicable	
Zip 33880		Country USA		Zip 33880		Country USA	
6. Name and Address of Current Registered Agent CLAY, VEORIA SR. 3233 TIMBERLINE RD. WINTER HAVEN, FL 33880				7. Name and Address of New Registered Agent Name Veoria Clay Sr Street Address (P.O. Box Number is Not Acceptable) 187 Lake Thomas Drive City Winter Haven FL Zip Code 33880			
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  <small>Signature, typed or printed name of registered agent, and title if applicable.</small>				DATE 01-10-07 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$122.50			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD CLAY, VEORIA SR. 3233 TIMBERLINE RD. WINTER HAVEN, FL 33880	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Address 187 Lake Thomas Drive Winter Haven, FL 33880		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLAY, JUDY 3233 TIMBERLINE RD. WINTER HAVEN, FL 33880	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Address 187 Lake Thomas Drive Winter Haven, FL 33880		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD EXILORME, YOLANDA 3233 TIMBERLINE RD. WINTER HAVEN, FL 33880	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Address 187 Lake Thomas Drive Winter Haven FL 33880		
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 200086687492 01/30/07--01023--014 **131.25			
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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 01-10-07 <small>Date</small>			