2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06574

FILED Jan 11, 2008 Secretary of State

Entity Name: REMINGTON MINISTRIES INC.

| Littly Nan | ile. KLIVIIING | TON WIINISTRIES, | inc. | | | | |
|---|--|----------------------|-------------------|---|-----------------------------|------------------------|----------------|
| Current Principal Place of Business: | | | | New Principal Place of Business: | | | |
| | AVESIA FLOF | RA | | | | | |
| #103 ST AUGUS | STINE, FL 320 | 095 US | | | | | |
| Current Mailing Address: | | | | New Mailing Address: | | | |
| 103 | AVESIA FLOF | | | | | | |
| | STINE, FL 32 | | | | | | |
| FEI Number: | 59-2565269 | FEI Number Applie | d For () FEI | l Number Not Appli | cable () | Certificate of Status | Desired () |
| Name and | Address of 0 | Current Registered | l Agent: | Name and | Address of | New Registered Ag | jent: |
| PORT SAI | MANDRAKE (NT LUCIE, FL named entity | 34952 US | ent for the purpo | se of changing it | s registered o | office or registered a | gent, or both, |
| | | | | | | | |
| SIGNATUR | | nic Signature of Reg | nistered Agent | | | Date | |
| OFFICERS | | • | gistered Agent | ADDITION | CICHANCE | | ID DIDECTORS |
| OFFICERS AND DIRECTORS: | | | | | TO OFFICERS AN | ID DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | REMINGTON, I | SIA FLORA #103 | | Title: Name: Address: City-St-Zip: | (|) Change () Addition | |
| Title: Name: Address: City-St-Zip: | VPD () Delete REMINGTON, SANDRA K 400 LA TRAVESIA FLORA #103 ST AUGUSTINE, FL 32095 | | | Title: Name: Address: City-St-Zip: | () Change () Addition | | |
| Title: Name: Address: City-St-Zip: | ANDREWS, GE 165 MAKARIOS | | | Title: Name: Address: City-St-Zip: | ANDREWS, G 329 HIGH TIDI | | |
| Title: Name: Address: City-St-Zip: | D (BENDER, MAR 2074 S. E. MA PORT ST. LUC | NDRAKE CR. | | Title: Name: Address: City-St-Zip: | (|) Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK REMINGTON P 01/11/2008