2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003742

Apr 21, 2008 Secretary of State

Entity Name: ESSENTIAL WORD VOICE OF ENCOURAGEMENT, INC. **New Principal Place of Business: Current Principal Place of Business:** 2025 REDGATE LANE DELTONA, FL 32738 **Current Mailing Address: New Mailing Address:** 2025 REDGATE LANE DELTONA, FL 32738 FEI Number: 59-3521288 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HALSTEAD, ALICIA S 2025 REDGATE LANE DELTONA, FL 32738 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: PDT () Change () Addition () Delete HALSTEAD, ALICIA S Name: Name: 2025 REDGATE LN Address: Address: City-St-Zip: DELTONA, FL 32738 City-St-Zip: Title: VDT () Delete Title: VDT (X) Change () Addition Name: HALSTEAD, KENNETH III Name: HALSTEAD, KENNETH III Address: 2474 BUFFIN Address: 2474 BAFFIN City-St-Zip: DELTONA, FL 32738 City-St-Zip: DELTONA, FL 32738 Title: () Delete Title: () Change () Addition HALSTEAD, NIKKI Name: Name: 6780 HARRISON AVE., #74 Address: Address: City-St-Zip: CINCINNATI, OH 45247 City-St-Zip: Title: TTRD () Delete Title: TTRD (X) Change () Addition HALSTEAD, KENNETH III Name: Name: UNDERWOOD, MARGARET Address: 2474 BUFFIN Address: P.O. BOX 740764 City-St-Zip: DELTONA, FL 32738 City-St-Zip: ORANGE CITY, FL 32774 US

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: A.S. HALSTEAD PDT 04/21/2008