2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002140

FILED Apr 25, 2006 Secretary of State

Entity Name: POTENTIAL RELEASE MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business: New Principal Place of Business:

17825 NW 19TH AVE. 14039 NW 17TH AVE. MIAMI, FL 33056 14039 NW 17TH AVE. MIAMI, FL 33167

Current Mailing Address: New Mailing Address:

14039 NW 17 AVE MIAMI, FL 33167 US

FEI Number: 65-0997255 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:

PASCAL, EDITH DR. 14039 NW 17 AVE MIAMI, FL 33167 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:

Flacture Complete of Davidson I Asset

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 () Delete
 Title:
 P
 (X) Change () Addition

 Name:
 PASCAL, EDITH DR.
 Name:
 PASCAL, EDITH PRESIDE

 Address:
 14039 NW 17 AVE
 Address:
 14039 NW 17 AVE

 City-St-Zip:
 MIAMI, FL 33167
 City-St-Zip:
 MIAMI, FL 33167

 Name:
 ALTEMA, ALIX
 Name:
 ALTEMA, ALIX DIR

 Address:
 7351 HARBOUR BLVD
 Address:
 7351 HARBOUR BLVD

 City-St-Zip:
 MIRAMAR, FL 33023
 City-St-Zip:
 MIRAMAR, FL 33023

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

 Name:
 PIERRE-LOUIS, ELIANE
 Name:
 BROWN, SHARON

 Address:
 17825 NW 19TH AVENUE
 Address:
 845 N. E. 79 ST

 City-St-Zip:
 MIAMI, FL 33056
 City-St-Zip:
 MIAMI, FL 33138

Title: D () Delete Title: D (X) Change () Addition Name: HERARD, MARIE C SEC Name: HERARD, MARIE C

Address: 2201 SHERMAN CIRCLE # D-111 Address: 2201 SHERMAN CIRCLE # D-111

City-St-Zip: MIRAMAR, FL 33025 US City-St-Zip: MIRAMAR, FL 33025 US

I hereby certify that the information supplied with this filing does not qualify for the 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: EDITH PASCAL P 04/25/2006