2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2008
Secretary of State

DOCUMENT# N00000002140

Entity Name: POTENTIAL RELEASE MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business:

14039 NW 17TH AVE.
MIAMI, FL 33167

New Principal Place of Business:

Current Mailing Address:

14039 NW 17 AVE
MIAMI, FL 33167 US

New Mailing Address:

FEI Number: 65-0997255 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: P ( ) Delete
Name: PASCAL, EDITH PRESIDE
Address: 14039 NW 17 AVE
City-St-Zip: MIAMI, FL 33167

Title: S ( ) Delete
Name: ALTEMA, ALIX DIR
Address: 7351 HARBOUR BLVD
City-St-Zip: MIRAMAR, FL 33023

Title: D ( ) Delete
Name: ALTEMA, DANIELLE
Address: 7351 HARBOUR BLVD
City-St-Zip: MIRAMAR, FL 33023

Title: D ( ) Delete
Name: HERARD, MARIE C
Address: 2201 SHERMAN CIRCLE # D-111
City-St-Zip: MIRAMAR, FL 33025 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: BAIN, BEVERLY DIR
Address: 1243 NW 179 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: EDITH PASCAL PRES 04/27/2008

Electronic Signature of Signing Officer or Director — Date