2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT DOCUMENT # N00000003691



FILED

1. Entity Name RESTORATION OUTREACH CENTER, INC.					01-	-16-2007 90190 030 **	01.2		
23 NW 8TH AVE 152			Mailing Address 1520 NW MANOR LN FORT LAUDERDALE, FL						
Principal Place of Business - No P.O. Box # 3. Mailing Address									
Suite, Apt. #, etc. Si		Suite, Apt. #, etc.	Suite, Apt. #, etc.		g-NP CR2E037 (12/06)			
City & State C		City & State	City & State		6		plied For t Applicable		
Zip			Zíp	Country	5. Certificate of Sta	Fee	.75 Addi Required	itional	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
SCOTT, RONALD PASTOR 1520 N.W. MANOR LANE				Name Street Addres	ess (P.O. Box Number is N	Not Acceptable)			
FT LAUDERDALE, FL 33311									
				City	City FL Zip Code				
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 .		or printed name of registered agent a	and title if annihophia /NOTI	:: Registered Agent signature req	nuired when reinstating)	DATE			
		or privide name of regulated agoing		DATE					
Filing Fee is \$61.25 Due by May 1, 2007			9 Election Can	9. Election Campaign Financing Trust Fund Contribution.		Make check payable to Florida Department of State			
	Due by N		•		\$5.00 May Be Added to Fees		-		
10.			Trust Fund C		Added to Fees		ent of St	ate	
10.	D	May 1, 2007 OFFICERS AND DIF	Trust Fund C	Contribution.	Added to Fees	Florida Departme	ent of St	ate	
TITLE NAME	D SCOTT, F	Aay 1, 2007 OFFICERS AND DIF	Trust Fund C	11. TITLE NAME	Added to Fees	Florida Departme	TORS IN	ate 10	
TITLE NAME STREET ADDRESS	D SCOTT, F 1520 N.W	Aay 1, 2007 OFFICERS AND DIF RONALD PASTOR MANOR LANE	Trust Fund C	I 11. TITLE NAME STREET ADDRESS	Added to Fees	Florida Departme	TORS IN	ate 10	
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I hereby certify that the information supplied with this filling 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: _