2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N00000007735

FILED Jan 21, 2006 Secretary of State

Entity Name: THE SAINTS ON THE MOVE FOR CHRIST, INC.

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

17325 NW 27TH AVENUE STE 100 MIAMI, FL 33055

Current Mailing Address: New Mailing Address:

4586 STAFF CIRCLE 7972 VENETIAN STREET QUARTER 135B MIRAMAR, FL 33023 ELLENWOOD, GA 30294

FEI Number: 58-2596697 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MAGWOOD, ANTONIO S
18850 NW 52 AVENUE
APT 307
MIAMI, FL 33015 US

MAGWOOD, ANTONIO S
7972 VENETIAN STREET
MIRAMAR, FL 33023 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: ANTONIO S. MAGWOOD 01/21/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 MAGWOOD, ANTONIO
 Name:
 MAGWOOD, ANTONIO S

 Address:
 4586 STAFF CIRCLE #135 B
 Address:
 7972 VENETIAN STREET

 City-St-Zip:
 ELLENWOOD, GA 30294
 City-St-Zip:
 MIRAMAR, FL 33023

Title: VPD () Delete Title: VPD (X) Change () Addition Name: PALMER, MICHAEL Name: KIMBRELL, ALEXANDER Address: 158 PAPERMILL RD #6205 Address: 5100 VILLAS TERRACE

Address: 158 PAPERMILL RD #6205 Address: 5100 VILLAS TERRACE

City-St-Zip: LAWRENCEVILLE, GA 30045 City-St-Zip: STONE MOUNTAIN, GA 30088

 Name:
 LEGGETT, CAROL
 Name:
 MAGWOOD, TRACY B

 Address:
 287 E. CROGAN STREET #6223
 Address:
 7972 VENETIAN STREET

 City-St-Zip:
 LAWRENCEVILLE, GA 30045
 City-St-Zip:
 MIRAMAR, FL 33023

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

Name:KIMBRELL, KEESHAName:DOPSON, JAMES MDAddress:5100 BILLAS TERRACEAddress:5100 BILLAS TERRACECity-St-Zip:STONE MOUNTAIN, GA 30088City-St-Zip:STONE MOUNTAIN, GA 30088

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

 Name:
 DOPSON, JAMES MD
 Name:

 Address:
 1918 NORTHLAKE PKWY
 Address:

 City-St-Zip:
 TUCKER, GA 30084
 City-St-Zip:

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

 Name:
 MAGWOOD, TRACY
 Name:
 MAGWOOD, TRACY

 Address:
 4586 STAFF CIRCLE #135B
 Address:
 7972 VENETIAN STREET

 City-St-Zip:
 ELLENWOOD, GA 30294
 City-St-Zip:
 MIRAMAR, FL 33023

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: ANTONIO S. MAGWOOD PD 01/21/2006

Electronic Signature of Signing Officer or Director

Date