2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N02000002731

Entity Name: MIRROR IMAGE MINISTRIES INC.

Current Principal Place of Business:

339 ALBEDO AVE SE
PALM BAY, FL 32909

New Principal Place of Business:

Current Mailing Address:

339 ALBEDO AVE SE
PALM BAY, FL 32909

New Mailing Address:

FEI Number: 04-3621482 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PAYNE, ALAN JR.
339 ALBEDO AVE
PALM BAY, FL 32909 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: PD ( ) Delete
Name: PAYNE, ALAN JR.
Address: 339 ALBEDO AVE SE
City-St-Zip: PALM BAY, FL 32909

Title: D ( ) Delete
Name: PAYNE, GEORGIANNA
Address: 339 ALBEDO AVE SE
City-St-Zip: PALM BAY, FL 32909

Title: D ( ) Delete
Name: PAYNE, MYRIA
Address: 339 ALBEDO AVE SE
City-St-Zip: PALM BAY, FL 32909

Title: D ( ) Delete
Name: PAYNE, SIMON
Address: 339 ALBEDO AVE SE
City-St-Zip: PALM BAY, FL 32909

Title: D ( ) Delete
Name: PAYNE, ALAN
Address: 7481 24ST
City-St-Zip: SACRAMENTO, CA 95822

Title: D ( ) Delete
Name: PAYNE, ROBBI
Address: 339 ALBEDO AVE SE
City-St-Zip: PALM BAY, FL 32909

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: ALANPAYNE PRES 04/30/2009

Electronic Signature of Signing Officer or Director — Date