2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005521

FILED Aug 14, 2007 Secretary of State

Entity Name: DIVINE DIRECTION WORSHIP CENTER, INC.

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

1480 SW 9TH AVE

FORT LAUDERDALE, FL 33315

Current Mailing Address: New Mailing Address:

PO BOX 8536

FORT LAUDERDALE, FL 33310

FEI Number: 04-3700276 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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:

SHARP, KEITHA S SHARP, KEITHA S P.O. BOX 8536 SHARP, KEITHA S 1480 SW 9TH AVE

FT. LAUDERDALE, FL 33310 US FT. LAUDERDALE, FL 33315 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: KEITHA SHARP 08/14/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SP () Delete Title: () Change () Addition

 Name:
 KING, SANDRA
 Name:

 Address:
 P.O. BOX 8536
 Address:

 City-St-Zip:
 FORT LAUDERDALE, FL 33310
 City-St-Zip:

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

Name: SHARP, KEITHA Name: SHARP, KEITHA
Address: P.O. BOX 8536 Address: 1480 SW 9TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33310 City-St-Zip: FORT LAUDERDALE, FL 33315

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: SANDRA KING MIN 08/14/2007