

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008301

FILED
Apr 28, 2008
Secretary of State

Entity Name: THE KINGDOM AGENDA MINISTRIES, INC.

Current Principal Place of Business:

3605 NE 207TH STREET #4114
AVENTURA, FL 33180

New Principal Place of Business:

850 IVES DAIRY ROAD
T19-21
MIAMI, FL 33179

Current Mailing Address:

3605 NE 207TH STREET #4114
AVENTURA, FL 33180

New Mailing Address:

850 IVES DAIRY ROAD
T19-21
MIAMI, FL 33179

FEI Number: 41-2066133

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CLARK, SYLVIA
2103 MADISON STREET
1
HOLLYWOOD, FL 33020 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: WHITE, FELICIA
Address: 3605 NE 207TH STREET #4114
City-St-Zip: AVENTURA, FL 33180

Title: VPD () Delete
Name: CLARK, SYLVIA
Address: 2103 MADISON STREET #1
City-St-Zip: HOLLYWOOD, FL 33020

Title: D () Delete
Name: DIMANCHE, ALEXIS
Address: 3605 NE 207TH STREET #4303
City-St-Zip: AVENTURA, FL 33180

Title: D () Delete
Name: DIMANCHE, FRANK
Address: 3605 NE 207TH STREET #4303
City-St-Zip: AVENTURA, FL 33180

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:

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: SYLVIA CLARK

VPD

04/28/2008

Electronic Signature of Signing Officer or Director

Date