2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009316

4132 BOYD LANE

PALM HARBOR, FL 34685

Address:

City-St-Zip:

Entity Name: HIS BREATH MINISTRIES, INC.

FILED Jan 20, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 19719 WYNDHAM LAKES DR. ODESSA, FL 33556 **Current Mailing Address: New Mailing Address:** 19719 WYNDHAM LAKES DR. ODESSA, FL 33556 FEI Number: 22-3885628 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROADARMEL, D. DOUGLAS 19719 WYNDHAM LAKES DR. ODESSA, FL 33556 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete ROADARMEL, D. DOUGLAS Name: Name: Address: 19719 WYNDHAM LAKES DR. Address: City-St-Zip: ODESSA, FL 33556 City-St-Zip: Title: () Delete Title: () Change () Addition ROADARMEL, ELIZABETH Name: Name: Address: 19719 WYNDHAM LAKES DR. Address: City-St-Zip: ODESSA, FL 33556 City-St-Zip: Title: () Delete Title: () Change () Addition HOWELL, ALAN Name: Name: 4998 HARBORWOODS DR. Address: Address: City-St-Zip: PALM HARBOR, FL 34683 City-St-Zip: Title: () Delete Title: () Change () Addition BADENHORST, MARLO Name: Name: 203 SACRAMENTO ST. Address: Address: City-St-Zip: VALRICO, FL 33594 City-St-Zip: Title: Title: () Delete () Change () Addition DANIELS, GILBERT C Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: ELIZABETH ROADARMEL D 01/20/2008