2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

FILED Apr 05, 2007 08:00 Al Secretary of State DOCUMENT # N03000003321 1. Entity Namo FAITH & DELIVERANCE MINISTRIES INTERNATIONAL. INC. Principal Place of Business Mailing Address 1582 WATER DR. SE, STE A PALM BAY FL 32905 457 TULOMA AVE SW -PALM BAY FL 32908 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FFI Number Applied For 41-2094886 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILLIAMS, PATRICIA A Street Address (P.O. Box Number is Not Acceptable) 457 TULOMA AVE SW PALM BAY FL 32908 City Zip Code 8. The above named ontity submits this statement for the purpose of changing its registered office or registored agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE **PSD** ☐ Delete Addition U00000692020 NAME WILLIAMS, PATRICIA A NAME STREET ADDRESS 04/13/07-80035-001 61.25 457 TULOMA AVE SW STREET ADDRESS CITY-ST-7/P PALM BAY FL 32908 CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME WILLIAMS, MARTHA STREET ADDRESS 250 E UNIVERSITY BLVD #B STREET ADDRESS CITY-ST-ZIP MELBOURNE FL 32901 CITY-ST-ZIP สีสีนั IIILE ☐ Delete (_) Change Addition NAME SCOTT-LAWRENCE, MICHELLE STREET ADDRESS STREET ADDRESS 1771 RADISSON ST CITY-ST-7IP CITY-S1-7IP PALM BAY FL 32908 TOTLE Defete TD TITLE Change ■ Addilion NAME HADLEY, CHRISTINE NAME STREET ADDRESS STREET ADDRESS 2901 S ALBERMARLE ST #J6 CHY-SI-7R CITY:ST-7IP MELBOURNE FL 32901 TITLE D ☐ Delete ☐ Change Addition TITLE NAME WILLIAMS, MELISSA STREET ADDRESS 2901 S ALBERMARLE ST #J5 STREET ADDRESS CITY-ST-7IP MELBOURNE FL 32901 CITY-ST-ZIF TILLE □ Defete ☐ Change ☐ Addition NAME MOFFETT, MARVIN P STREET ADDRESS 457 TULOMA AVE SW STREET ADDRESS CHY-ST-ZIP PALM BAY FL 32908 CITY-ST-ZIP

12. I hereby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same logal effect as if made under eath, 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 in Block 10 or Block 11

if changed, or on an attachment with