2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004513

Entity Name: AIRWAVES FOR JESUS, INC.

FILED Jan 14, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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4050 COLONIAL BLVD. 6211 BRIARCLIFF ROAD FORT MYERS, FL 33906 FORT MYERS, FL 33912 US

Current Mailing Address: New Mailing Address:

557 WEDGEWOOD WAY 557 WEDGEWOOD WAY NAPLES, FL 34119 US

FEI Number: 20-0045175 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RAMOS, ART 557 WEDGEWOOD WAY NAPLES, FL 34119 US

OFFICERS AND DIRECTORS:

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

3

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 RAMOS, ART
 Name:
 RAMOS, ART

 Address:
 557 WEDGEWOOD WAY
 Address:
 557 WEDGEWOOD WAY

 City-St-Zip:
 NAPLES, FL 34119
 City-St-Zip:
 NAPLES, FL 34119 US

 $\label{eq:total_title} \mbox{Title:} \qquad \mbox{V} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{V} \qquad \mbox{(X) Change () Addition}$

 Name:
 RAMOS, JASMIN
 Name:
 RAMOS, JASMIN

 Address:
 557 WEDGEWOOD WAY
 Address:
 557 WEDGEWOOD WAY

 City-St-Zip:
 NAPLES, FL 34119
 City-St-Zip:
 NAPLES, FL 34119 US

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

 Name:
 PATILLO, BILL
 Name:

 Address:
 9186 COACH HOUSE LANE
 Address:

 City-St-Zip:
 ESTERO, FL 33928
 City-St-Zip:

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

 Name:
 CHASTAIN, JACK
 Name:

 Address:
 3351 MARINATOWN LANE ST #100
 Address:

 City-St-Zip:
 NORTH FORT MYERS, FL 33903
 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: ART RAMOS P 01/14/2009