2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007
Secretary of State

DOCUMENT# N03000010370

Entity Name: BREAKING THE CYCLE MINISTRIES, INC.

Current Principal Place of Business:

P.O. BOX 8513
PORT SAINT LUCIE, FL 34985

New Principal Place of Business:

2242 SW PICTURE TERRACE
PORT SAINT LUCIE, FL 34953 US

Current Mailing Address:

P.O. BOX 8513
PORT ST LUCIE, FL 34985

New Mailing Address:

FEI Number: 20-0441939 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCNAUGHTON, OLIVE P
2242 SW PICTURE TERRACE
PORT ST LUCIE, FL 34953 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: D ( ) Delete
Name: JACKSON, EPHRAIN
Address: 2262 MASIAN AVENUE
City-St-Zip: PORT ST LUCIE, FL 34952

Title: D ( ) Delete
Name: HAYDEN, KENNETH
Address: 329 HOLLY AVENUE
City-St-Zip: PORT ST LUCIE, FL 34952

Title: D ( ) Delete
Name: MCNAUGHTON, OLIVE P
Address: 2242 SW PICTURE TERRACE
City-St-Zip: PORT ST LUCIE, FL 34953

Title: DS ( ) Delete
Name: BROWN, ANN MAREE
Address: 604 COCONUT AVE. N.
City-St-Zip: PORT SAINT LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: JACKSON, EPHRAIN
Address: 2262 MASIAN AVENUE
City-St-Zip: PORT ST LUCIE, FL 34952 US

Title: D (X) Change ( ) Addition
Name: HAYDEN, KENNETH
Address: 329 HOLLY AVENUE
City-St-Zip: PORT ST LUCIE, FL 34952 US

Title: D (X) Change ( ) Addition
Name: MCNAUGHTON, OLIVE P
Address: 2242 SW PICTURE TERRACE
City-St-Zip: PORT ST LUCIE, FL 34953 US

Title: DS (X) Change ( ) Addition
Name: BROWN, ANN MAREE
Address: 604 COCONUT AVE. N.
City-St-Zip: PORT SAINT LUCIE, FL 34952 US

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: OLIVE P MCNAUGHTON D 04/24/2007

Electronic Signature of Signing Officer or Director — Date