2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 15, 2005
Secretary of State

DOCUMENT# N04000001125

Entity Name: HIS WAY RESTORATION MINISTRIES, INC.

Current Principal Place of Business:

1010 DIXON BOULEVARD
COCOA, FL 32922 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 686
COCOA, FL 32923 US

New Mailing Address:

FEI Number: 20-0747539 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARREIRO, TINA M PASTOR
1025 PORPOISE DRIVE
ROCKLEDGE, FL 32955 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: CARREIRO, TINA M PASTOR
Address: 1025 PORPOISE DRIVE
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: P ( ) Delete
Name: BECKFORD, ERROL PASTOR
Address: 35 GRANDVIEW BOULEVARD
City-St-Zip: COCOA, FL 32922 US

Title: T ( ) Delete
Name: CARREIRO, TINA M PASTOR
Address: 1025 PORPOISE DRIVE
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: S ( ) Delete
Name: LEE, BETH MRS.
Address: 3740 FENNER ROAD
City-St-Zip: COCOA, FL 32926 US

Title: M ( ) Delete
Name: LEE, DENNIS MR.
Address: 3740 FENNER ROAD
City-St-Zip: COCOA, FL 32926 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP ( ) Change (X) Addition
Name: EMPSON, LINDA PASTOR
Address: 23 VERMONT AVENUE
City-St-Zip: ROCKLEDGE, FL 32955

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TINA M. CARREIRO D 04/15/2005
Electronic Signature of Signing Officer or Director — Date