2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# N04000001125

Entity Name: HIS WAY RESTORATION MINISTRIES, INC.

Current Principal Place of Business:

316 CLEARLAKE ROAD
COCOA, FL 32922 US

New Principal Place of Business:

6250 N. COURTENAY PARKWAY
MERRITT ISLAND, FL 32953 US

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: EMPSON, LINDA PASTOR
Address: 23 VERMONT AVENUE
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: VP ( ) Delete
Name: EMPSON, TED PASTOR
Address: 23 VERMONT AVENUE
City-St-Zip: ROCKLEDGE, FL 32955 US

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

Title: S ( ) Delete
Name: EMPSON, LINDA PASTOR
Address: 23 VERMONT AVENUE
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: M ( ) Delete
Name: ROSBURY, PAUL PASTOR
Address: 1773 PINEWOOD ROAD
City-St-Zip: MELBOURNE, FL 32934 US

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: ( ) Change ( ) Addition
Name:
Address:
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: TINA M. CARREIRO DIR 04/29/2008
Electronic Signature of Signing Officer or Director — Date