2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005384

FILED May 28, 2008 Secretary of State

Entity Name: REVELATION 3:20. MISSIONARY MINISTRY AND BIBLICAL TEACHINGS. INC

| -incity ital | ME: REVELATION 3:20, MISSIONARY MINISTRY | AND BIBLICAL TEACHIN | GS, INC. |
|--|--|--|---|
| Current Principal Place of Business: | | New Principal Place of Business: | |
| 10658 SW 186TH STREET MIAMI, FL 33157 | | 10678 SW 186TH STREET MIAMI, FL 33157 | |
| Current Mailing Address: | | New Mailing Address: | |
| 11334 SW 184TH STREET MIAMI, FL 33157 | | 10678 SW 186TH STREET MIAMI, FL 33157 | |
| In accordan | ce with s. 607.193(2)(b), F.S., the corporation did not receiv | • | Certificate of Status Desired () |
| Name and | Address of Current Registered Agent: | Name and Address | of New Registered Agent: |
| MONTAS, NARCISO H 11334 SW 184TH STREET MIAMI, FL 33157 US | | MONTAS, NARCISO H 10678 SW 186TH STREET MIAMI, FL 33157 US | |
| The above in the State | named entity submits this statement for the purpose e of Florida. | e of changing its registere | ed office or registered agent, or both, |
| SIGNATURE: NARCISO H. MONTAS | | | 05/28/2008 |
| | Electronic Signature of Registered Agent | | Date |
| OFFICERS AND DIRECTORS: | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | DP () Delete MONTAS, NARCISCO H T.H.M. 3386 NE 11TH DRIVE HOMESTEAD, FL 33033 | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: Address: City-St-Zip: | DS () Delete MONTAS, LUZ D 3386 NE 11TH DRIVE HOMESTEAD, FL 33170 | Title: Name: Address: City-St-Zip: | () Change () Addition |
| | | | |

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: NARCISO H. MONTAS DP 05/28/2008