2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006371

FILED Jan 29, 2008 Secretary of State

Entity Name: SHALOM-ADONAI ASSEMBLY OF GOD, INC.

Current Principal Place of Business: New Principal Place of Business: 9863 WEST SAMPLE RD 6279 WEST SAMPLE RD CORAL SPRINGS, FL 330654005 CORAL SPRINGS, FL 330673175 US **Current Mailing Address: New Mailing Address:** 3640 NW 78TH LANE CORAL SPRINGS, FL 330653020 FEI Number: 20-1366793 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CAPITAL SERVICES GROUP, INC 822 SE 9TH STREET-PALM PLAZA DEERFIELD BEACH, FL 33441 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition LOPES, JOSE G Name: Name: 3764 WOODFIELD DR Address: Address: City-St-Zip: COCONUT CREEK, FL 33066 City-St-Zip: Title: () Delete Title: () Change () Addition BATISTA, CARLOS U Name: Name: Address: 251 NW 43RD PLACE Address: City-St-Zip: POMPANO BEACH, FL 33064 City-St-Zip: Title: () Delete Title: () Change () Addition CRUZ, JUCIMAR M Name: Name: 3764 WOODFIELD DR Address: Address: City-St-Zip: COCONUT CREEK, FL 33066 City-St-Zip: Title: () Delete Title: TD () Change (X) Addition Name: Name: ECHEGARAY, MARIANA 9761 NW 2ND ST Address: Address: City-St-Zip: City-St-Zip: CORAL SPRINGS, FL 33071

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: JOSE G LOPES PD 01/29/2008