

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010389

FILED  
Mar 02, 2008  
Secretary of State

**Entity Name:** FROM TRIBULATION TO RESTORATION, INC.

**Current Principal Place of Business:**

3913 W. CRENSHAW ST.  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

3913 W. CRENSHAW ST.  
TAMPA, FL 33614

**New Mailing Address:**

**FEI Number:** 55-0887066

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BENJAMIN, ALEX  
3913 W. CRENSHAW ST.  
TAMPA, FL 33614 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,P ( ) Delete  
Name: BENJAMIN, ALEX  
Address: 3913 W. CRENSHAW ST.  
City-St-Zip: TAMPA, FL 33614

Title: D,T ( ) Delete  
Name: FRAGA, AUGUSTINE  
Address: 602 TALWOOD CIRCLE, APT. A  
City-St-Zip: BRANDON, FL 33510

Title: D ( ) Delete  
Name: PAIGE, WILLIAM  
Address: 11266 W. HILLSBOROUGH AVE., SUITE 19  
City-St-Zip: TAMPA, FL 33635

Title: S ( ) Delete  
Name: SMYZER, ROGER  
Address: 250 SIESTA  
City-St-Zip: LARGO, FL 33770 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:

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: ALEX BENJAMIN

D.P.

03/02/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date