2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N05000000653

Entity Name: HUDDLE MINISTRIES, INC.

Current Principal Place of Business:

14440 LINCOLN BLVD
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

14440 LINCOLN BLVD
MIAMI, FL 33176

New Mailing Address:

FEI Number: 20-2206603 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SJO ASSOCIATES
7 PALMS PLAZA
HOMESTEAD, FL 33030 US

Name and Address of New Registered Agent:

SJO ASSOCIATES
15260 SW 280 ST
SUITE 206-B
HOMESTEAD, FL 33032 US

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: _____ 04/30/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BISHOP CARLOS L. MAL, ONE, SR.
Address: 14440 LINCOLN BLVD
City-St-Zip: MIAMI, FL 33176

Title: D ( ) Delete
Name: CALLIER, JAMES
Address: 14440 LINCOLN BLVD.
City-St-Zip: ORMOND BEACH, FL 32176

Title: D ( ) Delete
Name: JOHNSON, STEPHANYE
Address: PO BOX 90987
City-St-Zip: HOMESTEAD, FL 33090

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: APOSTLE CARLOS L. MA, LONE, SR.
Address: 14440 LINCOLN BLVD
City-St-Zip: MIAMI, FL 33176

Title: D (X) Change ( ) Addition
Name: DAUGHTERY, ANTHONY
Address: 14440 LINCOLN BLVD
City-St-Zip: MIAMI, FL 33176

Title: D (X) Change ( ) Addition
Name: MITCHELL, GREG
Address: 14440 LINCOLN BLVD
City-St-Zip: MIAMI, FL 33176

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: CARLOS L MALONE, SR PRES 04/30/2008
Electronic Signature of Signing Officer or Director — Date