2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# N05000005544

Entity Name: THE POWERFUL INTERNATIONAL PRIESTHOOD MINISTRY, INC

Current Principal Place of Business:

5639 NW 101 DR
CORAL SPRINGS, FL 33076

New Principal Place of Business:

Current Mailing Address:

5639 NW 101 DR
CORAL SPRINGS, FL 33076

New Mailing Address:

FEI Number: 20-3034298 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DESRIVIERES, JOSEPH
5639 NW 101 DR
CORAL SPRINGS, FL 33076 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: DP ( ) Delete
Name: MILLIEN, IMMACULA G
Address: 5639 NW 101 DR
City-St-Zip: CORAL SPRINGS, FL 33076

Title: DV ( ) Delete
Name: DESRIVIERES, JOSEPH
Address: 5639 NW 101 DR
City-St-Zip: CORAL SPRINGS, FL 33076

Title: DS ( ) Delete
Name: COURAGEUX, EDELINE
Address: 1423 SOUTH M
City-St-Zip: LAKE WORTH, FL 33460

Title: DT ( ) Delete
Name: MILIEN, JEAN D
Address: 5639 NW 101 DR
City-St-Zip: CORAL SPRINGS, FL 33076

Title: D ( ) Delete
Name: MILIEN, JOSEPH R
Address: 5639 NW 101 DR
City-St-Zip: CORAL SPRINGS, FL 33076

Title: D ( ) Delete
Name: CHERY, ELUCIA
Address: 5639 NW 101 DR
City-St-Zip: CORAL SPRINGS, FL 33076

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: IMMACULA MILLIEN P 05/01/2008

Electronic Signature of Signing Officer or Director — Date