2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007374

FILED Apr 02, 2007 Secretary of State

Entity Name: TRUWEH RESTORATIVE MINISTRIES INC.

Current Principal Place of Business: New Principal Place of Business:

2187 ADAMS STREET
PALM BAY, FL 32905 US
2123 ADAMS STREET
PALM BAY, FL 32905 US

Current Mailing Address: New Mailing Address:

P.O BOX 60754

PALM BAY, FL 32905 US

FEI Number: 32-0155442 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:

 GEE, JOSHUA L
 2155 ADAMS STREET

 2155 ADAMS STREET
 2155 ADAMS STREET

 APT.
 APT. B

 PALM BAY, FL 32905 US
 PALM BAY, FL 32905 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: 04/02/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: PD () Delete Title: PD (X) Change () Addition

Name: GEE, JOSHUA L

Address: 2155 ADAMS STREET ADAMS STR

 Address:
 2155 ADAMS STREET
 Address:
 2155 ADAMS STREET APT B

 City-St-Zip:
 PALM BAY, FL 32905 US
 City-St-Zip:
 PALM BAY, FL 32905 US

Title: VD () Delete Title: () Change () Addition

 Name:
 LANE, CHUCK
 Name:

 Address:
 834 BLACKBIRD COURT
 Address:

 City-St-Zip:
 VIERA, FL 32955 US
 City-St-Zip:

Title: SD () Delete Title: () Change () Addition

 Name:
 CLARK, ED
 Name:

 Address:
 2440 LAKEVIEW DR.
 Address:

 City-St-Zip:
 MELBOURNE, FL 32935 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSHUA GEE P 04/02/2007