2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007
Secretary of State

DOCUMENT# N05000008018

Entity Name: FULLNESS OF LIFE INTERNATIONAL MINISTRIES, INC.

Current Principal Place of Business:

8606 SW 3RD AVE., #204
PEMBROKE PINES, FL 33025

New Principal Place of Business:

Current Mailing Address:

8606 SW 3RD AVE., #204
PEMBROKE PINES, FL 33025

New Mailing Address:

FEI Number: 20-3325830 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOLDEN, SCOTT
644 SE 4TH AVE.
FT. LAUDERDALE, FL 33301 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: DT ( ) Delete
Name: ANAJE, PETER
Address: 8606 SW 3RD AVE., #240
City-St-Zip: PEMBROKE PINES, FL 33025

Title: DAT ( ) Delete
Name: COX, RALSTON
Address: 8606 SW 3RD AVE., #240
City-St-Zip: PEMBROKE PINES, FL 33025

Title: DS ( ) Delete
Name: THOMAS, ANDRE
Address: 8606 SW 3RD AVE., #240
City-St-Zip: PEMBROKE PINES, FL 33025

Title: DP ( ) Delete
Name: ROLLE, ULRICH
Address: 8606 SW 3 STREET #204
City-St-Zip: PEMBROKE PINES, FL 33025 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 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: ULRICH ROLLE P 02/22/2007

Electronic Signature of Signing Officer or Director — Date