2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2007
Secretary of State

DOCUMENT# N05000009522

Entity Name: SALEM SDA MINISTRY INC

Current Principal Place of Business:

8610 GRANDVIEW DR
TAMPA, FL 33617

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 172985
TAMPA, FL 33672

New Mailing Address:

FEI Number: 06-1756708 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOMPREMIER, PHILIPS
525 SUSANNAH LEIGH LN
304
ORLANDO, FL 32818 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: P ( ) Delete
Name: MOMPREMIER, PHILIPS PASTEUR
Address: 525 SUSANNAH LEIGH LN
City-St-Zip: ORLANDO, FL 32818

Title: S ( ) Delete
Name: CANGE, SONY
Address: 3113 N 15 ST
City-St-Zip: TAMPA, FL 33605

Title: T ( ) Delete
Name: MERVIL, EDNER
Address: 8610 GRANDVIEW DR
City-St-Zip: TAMPA, FL 33617

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PIERRE, LUC
Address: 1280 WYNDHAM PINE DR
City-St-Zip: APOPKA, FL 32712

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: MOMPREMIER, PHILIPS
Address: 525 SUSANNAH LEIGH LN
City-St-Zip: ORLANDO, FL 32818

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: PHILIPS MOMPREMIER D 02/21/2007

Electronic Signature of Signing Officer or Director — Date