2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009655

Apr 23, 2007 Secretary of State

Entity Name: THE VOICE OF GOD FOR THE SALVATION OF MANKIND INC.

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

4951 ROTHSCHILD DR 639 W. OAKLAND BLVD CORAL SPRINGS, FL 33067

D-112

OAKLAND PARK, FL 33311

Current Mailing Address: New Mailing Address:

639 W. OAKLAND BLVD 4951 ROTHSCHILD DR CORAL SPRINGS, FL 33067 OAKLAND PARK, FL 33311

FEI Number: 20-8629096 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

LAMOTHE, ROCHARD BONHOMME, JACQUES DR. 639 W. OAKĹAND BLVD 4951 ROTHSCHILD DR CORAL SPRINGS, FL 33067 US OAKLAND PARK, FL 33312 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: REV. JACQUES BONHOMME 04/23/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete BONHOMME, JACQUES BONHOMME, JACQUES DR. Name: Name: 4951 ROTHSCHILD DR Address: 639 W. OAKLAND BLVD Address: City-St-Zip: CORAL SPRINGS, FL 33067 City-St-Zip: OAKLAND PARK, FL 33312

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

Name: ALVAREZ, KARL Name: Address: 4951 ROTHSCHILD DR Address: City-St-Zip: CORAL SPRINGS, FL 33067 City-St-Zip:

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

LAMOTHE, ROCHARD Name: Name: Address: 4951 ROTHSCHILD DR Address: City-St-Zip: CORAL SPRINGS, FL 33067 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: REV. JACQUES BONHOMME REV. 04/23/2007