2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
May 05, 2008
Secretary of State

DOCUMENT# N05000010215

Entity Name: INFINITE POWER MINISTRIES, INC.

Current Principal Place of Business:

901 S. STATE ROAD 7
SUITE 315
HOLLYWOOD, FL 33023

New Principal Place of Business:

901 S. STATE ROAD 7
SUITE 300
HOLLYWOOD, FL 33023

Current Mailing Address:

901 S. STATE ROAD 7
SUITE 315
HOLLYWOOD, FL 33023

New Mailing Address:

901 S. STATE ROAD 7
SUITE 300
HOLLYWOOD, FL 33023

FEI Number: 20-3568692 **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:

BROWN, MICHAEL W
901 S. STATE ROAD 7
SUITE 315
HOLLYWOOD, FL 33023 US

Name and Address of New Registered Agent:

BROWN, MICHAEL W
901 S. STATE ROAD 7
SUITE 300
HOLLYWOOD, FL 33023 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: MICHAEL W BROWN 05/05/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BROWN, MICHAEL W
Address: 901 S. STATE ROAD, SUITE 315
City-St-Zip: HOLLYWOOD, FL 33023

Title: VP (X) Delete
Name: HENDRIX, SONYA L
Address: 901 S. STATE ROAD, SUITE 315
City-St-Zip: HOLLYWOOD, FL 33023

Title: TREA (X) Delete
Name: BROWN, MIKAIL N
Address: 901 S. STATE ROAD, SUITE 315
City-St-Zip: HOLLYWOOD, FL 33023

Title: SEC (X) Delete
Name: BROWN, ADAM N
Address: 901 S. STATE ROAD, SUITE 315
City-St-Zip: HOLLYWOOD, FL 33023

Title: DIR (X) Delete
Name: REYES, JEANNE
Address: 901 S. STATE ROAD, SUITE 315
City-St-Zip: HOLLYWOOD, FL 33023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BROWN, MICHAEL W
Address: 901 S. STATE ROAD, SUITE 300
City-St-Zip: HOLLYWOOD, FL 33023

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: MICHAEL W BROWN P 05/05/2008
Electronic Signature of Signing Officer or Director Date