

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012830

FILED
Apr 19, 2006
Secretary of State

Entity Name: THE MINISTRY OF RESTORATION, INC.

Current Principal Place of Business:

19920 FRANJO RD
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

19920 FRANJO RD
MIAMI, FL 33157

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: DVS () Delete
Name: LAGUERRE, JOSELLE L
Address: 19920 FRANJO RD
City-St-Zip: MIAMI, FL 33157

Title: DPT () Delete
Name: LAGUERRE, CLIFFORD E
Address: 19920 FRANJO RD
City-St-Zip: MIAMI, FL 33157

Title: D () Delete
Name: LAGUERRE, CLIFFORD JR.
Address: 19920 FRANJO RD
City-St-Zip: MIAMI, FL 33157

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:

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: CLIFFORD E. LAGUERRE

DPT

04/19/2006

Electronic Signature of Signing Officer or Director

Date