2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001607

Entity Name: KEEP A PROMISE MINISTRY, INC.

FILED Apr 30, 2007 Secretary of State

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

6767 GOLDENEYE DRIVE 750 PLAZA SOUTH ORANGE BLOSSOM TRAIL ORLANDO, FL 32810

131

ORLANDO, FL 32805

Current Mailing Address: New Mailing Address:

6767 GOLDENEYE DRIVE 750 PLAZA SOUTH ORANGE BLOSSOM TRAIL

ORLANDO, FL 32810

ORLANDO, FL 32805

FEI Number: 06-1769199 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ROBINSON, VON M SR ROBINSON, VON M 6767 GOLDENEYE DRIVE 6767 GOLDENEYE DRIVE ORLANDO, FL 32810 ORLANDO, FL 32810

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: VON ROBINSON SR 04/30/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

CEO () Delete (X) Change () Addition ROBINSON, VON M SR ROBINSON, VON M Name: Name:

6767 GOLDENEYE DRIVE Address: 6767 GOLDENEYE DRIVE Address: ORLANDO, FL 32810 City-St-Zip: City-St-Zip: ORLANDO, FL 32810

Title: COO () Delete Title: CEO (X) Change () Addition

ROBINSON, DONNA T Name: ROBINSON, DONNA T Name: Address: 6767 GOLDENEYE DRIVE Address: 6767 GOLDENEYE DRIVE City-St-Zip: ORLANDO, FL 32810 City-St-Zip: ORLANDO, FL 32810

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

Title: QUARTERMAN, BRITTANY Name: Name: Address: 2171 PATTERSON AVE Address: City-St-Zip: ORLANDO, FL 32811 City-St-Zip:

(X) Change () Addition Title: VΡ () Delete Title: **PRES**

Name: MANNS, CHRIS Name: ROUNDTREE, KEVIN 5603 LAVON WAY Address: Address: 6767 GOLDENEYE DRIVE City-St-Zip: ORLANDO, FL 32808 City-St-Zip: ORLANDO, FL 32810

Title: VΡ () Delete Title: COO (X) Change () Addition

MITCHELL, TYRONE MITCHELL, TYRONE Name: Name: PO BOX 680831 PO BOX 680831 Address: Address: City-St-Zip: ORLANDO, FL 32808 City-St-Zip: ORLANDO, FL 32808

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

CHAMBERS, BYRON M Name: Name: Address: Address: PO. BOX 680570 ORLANDO, FL 32868 City-St-Zip: 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: VON ROBINSON SR. CEO 04/30/2007

Electronic Signature of Signing Officer or Director

Date