2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002558

FILED Feb 22, 2007 Secretary of State

Entity Name: SHILOH RESTORATION TABERNACLE, INC.

Current Principal Place of Business: New Principal Place of Business: 200 FRANDORSON CIR., STE. 103 902 WEST ROBERTSON STREET APOLLO BEACH, FL 33572 BRANDON, FL 33511 **Current Mailing Address: New Mailing Address:** 200 FRANDORSON CIR., STE. 103 P.O. BOX 1655 APOLLO BEACH, FL 33572 BRANDON, FL 33511 FEI Number: 20-4361515 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SALMON, O'NEIL 9923 WILTSHIRE MANOR DR RIVERVIEW, FL 33569 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SALMON, O'NEIL Name: Name: 9923 WILTSHIRE MANOR DR #203 Address: Address: City-St-Zip: RIVERVIEW, FL 33569 City-St-Zip: Title: SD () Delete Title: (X) Change () Addition MURPHY-REID, ENA Name: MURPHY-REID, ENA Name: Address: 2032 BRANDON CROSSING CIR. #202 Address: 6739 BREEZY PALM DRIVE City-St-Zip: BRANDON, FL 33511 City-St-Zip: RIVERVIEW, FL 33569 Title: () Delete Title: SD (X) Change () Addition DAVIS, DONNA SALMON, GEORGIA Name: Name: 9923 WILTSHIRE MANOR DRIVE #203 809 E BLOOMINGDALE, PMB 211 Address: Address: City-St-Zip: BRANDON, FL 33511 City-St-Zip: RIVERVIEW, FL 33569 Title: () Delete Title: () Change (X) Addition Name: Name: DALTON, WALKER Address: Address: 13711 OGAKOR DRIVE City-St-Zip: City-St-Zip: RIVERVIEW, FL 33569 Title: () Delete Title: () Change (X) Addition CONSTANCE, SALMON Name: Name: 8416 NORTH RIVER DUNE STREET Address: Address: City-St-Zip: City-St-Zip: TAMPA, FL 33617

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: O'NEIL SALMON PD 02/22/2007