2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003569

Entity Name: 3J2 MINISTRIES INC

Title:

Name:

Address:

City-St-Zip:

FILED Jul 09, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 767 SOUTH STATE ROAD 7 PLANATATION, FL 33317 **Current Mailing Address: New Mailing Address:** 767 SOUTH STATE ROAD 7 PLANATATION, FL 33317 FFI Number: FEI Number Applied For (X) 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: Name and Address of New Registered Agent: ENRIQUEZ, CRIS 767 SOUTH STATE ROAD 7 PLANATATION, FL 33317 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: () Change () Addition () Delete ENRIQUEZ, CRIS Name: Name: Address: 767 SOUTH STATE ROAD 7 Address: City-St-Zip: PLANATATION, FL 33317 City-St-Zip: Title: () Delete Title: () Change () Addition Name: ENRIQUEZ, LINDA Name: Address: 767 SOUTH STATE ROAD 7 Address: City-St-Zip: PLANATATION, FL 33317 City-St-Zip: Title: () Delete Title: () Change () Addition PINEDA, VINSON Name: Name: Address: 156 AMORSOLO ST Address: City-St-Zip: MAKATI, PHILIPPINES. City-St-Zip: Title: () Delete Title: () Change () Addition VILLNUEVA, EDDIE Name: Name: Address: 101 MCARTHUR HWY Address: City-St-Zip: BOCAUE BULACAN PHILIPPINES, 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: CRIS ENRIQUEZ D 07/09/2007

() Delete

O'DONNELL, JOHN

PENSACOLE, FL 32507

PO BOX 13321

() Change () Addition