2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004370

O Secretary of State

Entity Name: KINGDOM DOMINION MINISTRIES, INC.

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

850 TIFFANY PLACE 3203 HAWTHORNE AVENUE ROCKLEDGE, FL 32955 US ROCKLEDGE, FL 32955 US

Current Mailing Address: New Mailing Address:

P O BOX 560503

ROCKLEDGE, FL 32955 US

FEI Number: 20-4714940 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: Name and Address of New Registered Agent:

KEMP, NICOLE E KEMP, NICOLE E

850 TIFFANY PLACE 3203 HAWTHORNE AVENUE ROCKLEDGE, FL 32955 US ROCKLEDGE, FL 32955 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: 05/01/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

FILED May 01, 2008

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

Name: KEMP, MARVIN D Name: KEMP, MARVIN D

Address: 850 TIFFANY PLACE Address: 3203 HAWTHORNE AVENUE City-St-Zip: ROCKLEDGE, FL 32955 US City-St-Zip: ROCKLEDGE, FL 32955 US

Title: VP () Delete Title: () Change () Addition

 Name:
 KEMP, NICOLE E
 Name:

 Address:
 1720 COGSWELL STREET
 Address:

 City-St-Zip:
 ROCKLEDGE, FL 32955 US
 City-St-Zip:

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

 Name:
 FRANKLIN, KAREN N
 Name:
 BROWN, JULIA M

 Address:
 325 EAST UNIVERSITY BLVD. #54
 Address:
 SERENGETI WAY

 City-St-Zip:
 MELBOURNE, FL 32901 US
 City-St-Zip:
 ROCKLEDGE, FL 32955

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

 Name:
 BELL, MAMIÈ D
 Name:
 MILLER, YVONNE S

 Address:
 311 HAILWOOD DRIVE
 Address:
 1737 BALDWIN STREET

 City-St-Zip:
 MELBOURNE, FL 32901 US
 City-St-Zip:
 ROCKLEDGE, FL 32955

Title: DIR () Delete Title: () Change () Addition

 Name:
 BROWN, JULIÉT M
 Name:

 Address:
 1080 N FISKE BLVD. D7
 Address:

 City-St-Zip:
 COCOA, FL 32922 US
 City-St-Zip:

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

 Name:
 SIMMONS, ARLENE R
 Name:

 Address:
 BLUEGRASS DRIVE
 Address:

 City-St-Zip:
 ROCKLEDGE, FL 32955 US
 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: MARVIN D. KEMP P 05/01/2008