2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005847

FILED Jul 08, 2008 Secretary of State

Entity Name: RESTORATION MINISTRIES INTERNATIONAL, INC.

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

302 LAKE OSBORNE DRIVE 179 MEADOW VIEW CIRCLE #31 WAYNESVILLE, NC 28786

LAKE WORTH, FL 33461

Current Mailing Address: New Mailing Address:

P.O. BOX 1470

WAYNESVILLE, NC 28786

FEI Number: 20-4933317 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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:

BRIGGS, JOHN C FENLASON, JOHN D

302 LAKÉ OSBORNE DRIVE 302 LAKE OSBORNE DRIVE #17
LAKE WORTH, FL 33461 US LAKE WORTH, FL 33461 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: JOHN D. FENLASON 07/08/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Name: BRIGGS, JOHN C Name: BRIGGS, JOHN C

Address: 302 LAKE OSBORNE DRIVE, #31 Address: 179 MEADOW VIEW CIRCLE City-St-Zip: LAKE WORTH, FL 33461 City-St-Zip: WAYNESVILLE, NC 28786

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

Name:BRIGGS, BARBARA BName:BRIGGS, BARBARA BAddress:302 LAKE OSBORNE DRIVE, #31Address:179 MEADOW VIEW CIRCLECity-St-Zip:LAKE WORTH, FL 33461City-St-Zip:WAYNESVILLE, NC 28786

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: JOHN C. BRIGGS P 07/08/2008