2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008195

FILED May 09, 2007 Secretary of State

Entity Name: COVERED UNDER THE BLOOD MINISTRIES, INC.

Current Principal Place of Business: New Principal Place of Business: 7071 W COMMERCIAL BLVD STE 2-F TAMARAC, FL 33319 **Current Mailing Address: New Mailing Address:** 7071 W COMMERCIAL BLVD STE 2-F TAMARAC, FL 33319 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: PHILLIPS, WILLIE 1041 SW 7TH AVE DEERFIELD BCH, FL 33441 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition GRESHAM, RENARD Name: Name: Address: 2700 S OAKLAND FORREST DR #305 Address: City-St-Zip: OAKLAND PARK, FL 33309 City-St-Zip: Title: () Delete Title: () Change () Addition Name: PHILLIPS, WILLIE Name: Address: 1041 SW 7TH AVE Address: City-St-Zip: DEERFIELD BEACH, FL 33441 City-St-Zip: Title: () Delete Title: () Change () Addition GRESHAM, TRACY Name: Name: 2700 S OAKLAND FORREST DR #305 Address: Address: City-St-Zip: OAKLAND PARK, FL 33309 City-St-Zip: Title: TD () Delete Title: () Change () Addition Name: PHILLIPS, JACQUELYN Name: Address: 1041 SW 7TH AVE Address: City-St-Zip: DEERFIELD BEACH, FL 33441 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: TRACY GRESHAM S 05/09/2007