2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000438

FILED Apr 30, 2009 Secretary of State

Entity Name: SHALOM MINISTRIES FOR ALL NATIONS, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1438 NW 1 MIAMI, FL	02 STREET 33147				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
1438 NW 1 MIAMI, FL	02 STREET 33147				
FEI Number:	36-4601778	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Address of	of New Registered Agent:	
JEAN PIERRE, JOSE 1438 NW 102 STREET MIAMI, FL 33147 US					
The above in the State		submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	RE:				
	Electro	onic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (JEAN-PIERRE 1438 NW 102 MIAMI, FL 33	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (MERILUS, EL 1438 NW 102 MIAMI, FL 33	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TRES (JOSEPH, JON 1025 NW 105 MIAMI, FL 33	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	JACQUELINE 1098 S MILITA		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (DUPAS, GUS 1867 NW 35 S MIAMI, FL 33	ST #6	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: JOSE JEAN PIERRE P 04/30/2009