2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004906

FILED May 01, 2008 Secretary of State

Entity Name: END TIME MINISTRIES SABBATH WORSHIP CENTER, INC.

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

927 S, GOLDWYN AVE
800 N. PINE HILLS ROAD
SUITE 211
ORLANDO, FL 32808
ORLANDO, FL 32805

Current Mailing Address: New Mailing Address:

927 S, GOLDWYN AVE P.O. BOX 585644 SUITE 211 ORLANDO, FL 32858 ORLANDO, FL 32805

FEI 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:

PROSPER-LEGRAND, JASMINE
927 S. GOLDWYN AVENUE
928 SUITE 213
928 ORLANDO, FL 32805 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: JASMINE PROSPER LEGRAND 05/01/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Name: BRUTUS, JUNON V
Address: 927 S. GOLDWYN AVENUE, SUITE 218

Name: BRUTUS, JUNON V
Address: 927 S. GOLDWYN AVENUE, SUITE 218

City-St-Zip: ORLANDO, FL 32805 City-St-Zip: ORLANDO, FL 32805

Title: VP () Delete Title: D (X) Change () Addition Name: CHARLES, JEANNINE Name: CHARLES, JEANNINE

 Name:
 CHARLES, JEANNINE
 Name:
 CHARLES, JEANNINE

 Address:
 2243 TWISTED PINE ROAD
 Address:
 2243 TWISTED PINE ROAD

City-St-Zip: OCOEE, FL 34761 City-St-Zip: OCOEE, FL 34761

 Title:
 D, T
 () Delete
 Title:
 D
 (X) Change () Addition

 Name:
 PHILOGENE, SCHILLER
 Name:
 PROSPER LEGRAND, JASMINE

 Address:
 149 GUADALAJARA DRIVE
 Address:
 927 S. GOLDWYN AVENUE, SUITE 213

City-St-Zip: KISSIMMEE, FL 34743 City-St-Zip: ORLANDO, FL 32805

Title: D () Delete Title: D (X) Change () Addition Name: CHARLES, ALEXANDRE Name: PERRIER, GREGORY

Address: 2243 TWISTED PINE ROAD Address: 2042 GALLAGHER AVE.

City-St-Zip: OCOEE, FL 34761 City-St-Zip: DELTONA, FL 32725

Title: D, S (X) Delete Title: () Change () Addition

 Name:
 ALEXANDRE, ANTOINE
 Name:

 Address:
 2209 WOODWIND DRIVE
 Address:

 City-St-Zip:
 ORLANDO, FL 32808
 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: JASMINE PROSPER LEGRAND D 05/01/2008