2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008
Secretary of State

DOCUMENT# N07000005122

Entity Name: SILENT WORSHIPPERS INC

Current Principal Place of Business:

3303 QUAIL CLOSE
POMPANO BEACH, FL 33064

New Principal Place of Business:

6387 ROYAL PALM BLVD
MARGATE, FL 33063

Current Mailing Address:

3303 QUAIL CLOSE
POMPANO BEACH, FL 33064

New Mailing Address:

6387 ROYAL PALM BLVD
MARGATE, FL 33063

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KENNEDY, ERSKINE
3303 QUAIL CLOSE
POMPANO BEACH, FL FL US

Name and Address of New Registered Agent:

KENNEDY, ERSKINE
6387 ROYAL PALM BLVD
MARGATE, FL 33063 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: _____ 01/24/2008
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: KENNEDY, ERSKINE
Address: 3303 QUAIL CLOSE
City-St-Zip: POMPANO BEACH, FL 33064

Title: SEC ( ) Delete
Name: KENNEDY, TRACY
Address: 3303 QUAIL CLOSE
City-St-Zip: POMPANO BEACH, FL 33060

Title: VP ( ) Delete
Name: HICKS, VERNELL
Address: 101 NE 17TH CT
City-St-Zip: POMPANO BEACH, FL 33060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: KENNEDY, ERSKINE
Address: 6387 ROYAL PALM BLVD
City-St-Zip: MARGATE, FL 33063

Title: SEC (X) Change ( ) Addition
Name: KENNEDY, TRACY
Address: 6387 ROYAL PALM BLVD
City-St-Zip: MARGATE, FL 33063

Title: ( ) Change ( ) Addition
Name:
Address:
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 KENNEDY MRS 01/24/2008
Electronic Signature of Signing Officer or Director — Date