2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008588

Entity Name: ADONAI'S HOUSE, INC.

FILED Apr 13, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1618 SILVERSMITH PL ORLANDO, FL 32818 **Current Mailing Address: New Mailing Address:** 1618 SILVERSMITH PL ORLANDO, FL 32818 FEI Number: 26-0826484 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JEWELL, URSULA O 1618 SILVERSMITH PL ORLANDO, FL 32818 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: () Change () Addition () Delete JEWELL, URSULA O Name: Name: 1618 SILVERSMITH PL Address: Address: City-St-Zip: ORLANDO, FL 32818 City-St-Zip: Title: () Delete Title: () Change () Addition Name: BROWN, TENAKA R Name: Address: 7001 WATSEKA AVE Address: City-St-Zip: ORLANDO, FL 32818 City-St-Zip: Title: () Delete Title: () Change () Addition GINYARD-FOSSITT, VALLETA T Name: Name: Address: 2726 DRISTOL LN Address: City-St-Zip: DELTONA, FL 32738 City-St-Zip: Title: () Delete Title: () Change () Addition Name: EDDO, SYLVESTER O Name: 1412 N. FERNCREEK AVE Address: Address: City-St-Zip: ORLANDO, FL 32808 City-St-Zip: Title: Title: () Delete () Change () Addition JOE, TIFFANIE Name: Name: 501 SUSANNAH LEIGH LN APT #108 Address: Address: City-St-Zip: ORLANDO, FL 32818 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: URSULA O. JEWELL D 04/13/2009