2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N08000004503

Entity Name: REAL MESSAGE MINISTRIES, INC.

Current Principal Place of Business:

36750 US HWY 19 N
SUITE 2035
PALM HARBOR, FL 34684

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2337
MISSION VIEJO, CA 92690

New Mailing Address:

36750 US HWY 19 N
SUITE 2035
PALM HARBOR, FL 34684

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

Name and Address of Current Registered Agent:

KOULIANOS, THEODORE L
36750 US HWY 19 N
SUITE 2035
PALM HARBOR, FL 34684 US

Name and Address of New Registered Agent:

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:

Title:	P	( ) Delete
Name:	KOULIANOS, THEODORE L PASTOR	
Address:	36750 US HWY 19 N; SUITE 2035	
City-St-Zip:	PALM HARBOR, FL 34684	
Title:	VP	( ) Delete
Name:	KOULIANOS, RACHEL C	
Address:	36750 US HWY 19 N; SUITE 2035	
City-St-Zip:	PALM HARBOR, FL 34684	
Title:	D	( ) Delete
Name:	MANIGAULT, TIMOTHY V	
Address:	37044 ASCELLA LANE	
City-St-Zip:	MURRIETA, CA 92563	
Title:	D	( ) Delete
Name:	MASTROMICHALIS, ARGENIA	
Address:	36750 US HWY 19 N; SUITE 2051	
City-St-Zip:	PALM HARBOR, FL 34684	
Title:	D	( ) Delete
Name:	MANIGAULT, BRANDIE	
Address:	37044 ASCELLA LANE	
City-St-Zip:	MURRIETA, CA 92563	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: THEODORE L KOULIANOS PRES 01/16/2009
Electronic Signature of Signing Officer or Director — Date