2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# N08000005312

Entity Name: REDEMPTION MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business:

8111 CHAMPIONS CIRCLE #311
CHAMPIONS GATE, FL 33896

New Principal Place of Business:

8111 CHAMPIONS CIRCLE
#311
CHAMPIONS GATE, FL 33896

Current Mailing Address:

8111 CHAMPIONS CIRCLE #311
CHAMPIONS GATE, FL 33896

New Mailing Address:

8111 CHAMPIONS CIRCLE
#311
CHAMPIONS GATE, FL 33896

FEI Number: 80-0204673 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLORES, P J
8111 CHAMPIONS CIRCLE #311
CHAMPIONS GATE, FL 33896 US

Name and Address of New Registered Agent:

FLORES, P J
8111 CHAMPIONS CIRCLE
#311
CHAMPIONS GATE, FL 33896 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: _____ 04/22/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: FLORES, P. J
Address: 8111 CHAMPIONS CIRCLE #311
City-St-Zip: CHAMPIONS GATE, FL 33896

Title: VP ( ) Delete
Name: FLORES, SAUL B
Address: 5500 CASABLANCA LANE #1
City-St-Zip: ORLANDO, FL 32807

Title: S ( ) Delete
Name: HORVATH, CAMILLE
Address: 8160 STRADA DR.
City-St-Zip: ORLANDO, FL 32822

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:

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: P.J. FLORES PRES 04/22/2009
Electronic Signature of Signing Officer or Director — Date