2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008446

FILED Apr 30, 2009 Secretary of State

Entity Name: INTERNATIONAL POWER IN FAITH COLLEGE OF BISHOPS INC.

Current Principal Place of Business: New Principal Place of Business: 1840 CORAL WAY 4TH FLOOR MIAMI, FL 33145 **Current Mailing Address: New Mailing Address:** 742 WEST IMPERIAL HWY UNIT #4 LOS ANGELES, CA 90044 FEI Number: 32-0261561 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 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: () Delete () Change () Addition PARRIS, GEORGE C Name: Name: 1840 CORAL WAY 4TH FLOOR Address: Address: City-St-Zip: MIAMI, FL 33145 City-St-Zip: Title: Title: () Delete () Change () Addition HARRELL, WILLIAM JR Name: Name: Address: 1840 CORAL WAY 4TH FLOOR Address: City-St-Zip: MIAMI, FL 33145 City-St-Zip: Title: DS () Delete Title: () Change () Addition DAVIS, LEE A II Name: Name: 1840 CORAL WAY 4TH FLOOR Address: Address: City-St-Zip: MIAMI, FL 33145 City-St-Zip: Title: DS () Delete Title: () Change () Addition WALLACE, MELVIN A Name: Name: 1840 CORAL WAY 4TH FLOOR Address: Address: City-St-Zip: MIAMI, FL 33145 City-St-Zip: Title: () Delete Title: () Change () Addition DAVIS, JERRY Name: Name: 1840 CORAL WAY 4TH FLOOR Address: Address: City-St-Zip: MIAMI, FL 33145 City-St-Zip: Title: () Delete Title: () Change () Addition OLDUMS, LEONARD Name: Name: Address: 1840 CORAL WAY 4TH FLOOR Address: MIAMI, FL 33145 City-St-Zip: 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: M. A. WALLACE DS 04/30/2009