2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011442

9944 MONTAGUE STREET

TAMPA, FL 33626

Address:

City-St-Zip:

FILED Feb 11, 2009 Secretary of State

Entity Name: PEOPLE MATTER MINISTRIES, INC. **Current Principal Place of Business: New Principal Place of Business:** 7028 W WATERS AVE **SUITE #262** TAMPA, FL 33634 **Current Mailing Address: New Mailing Address:** 7028 W WATERS AVE **SUITE #262** TAMPA, FL 33634 FEI Number: 26-3931588 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: CESPEDES, FERNANDO 7028 W WATERS AVE SUITE 262 TAMPA, FL 33634 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 CESPEDES, FERNANDO Name: Name: Address: 7028 W WATERS AVE, SUITE 262 Address: City-St-Zip: TAMPA, FL 33634 City-St-Zip: Title: () Delete Title: () Change () Addition SALVIONE, KIETH R Name: Name: Address: 9944 MONTAGUE STREET Address: City-St-Zip: TAMPA, FL 33626 City-St-Zip: Title: () Delete Title: () Change () Addition SALVIONE, SANDRA C Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: FERNANDO CESPEDES DIR 02/11/2009