2004 NOT-FOR-PROFIT CORPORATION

Mar 11, 2004 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT # N17356** 03-11-2004 90017 016 ****61.25 NEW AWARENESS MINISTRIES, INTERNATIONAL, INC. Principal Place of Business Mailing Address 18514 US 19 N., SUITE B 18514 US 19 N., SUITE B 94028035 CLEARWATER, FL 33764 CLEARWATER, FL 33764 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02012004 CR2E037 (10/03) City & State City & State FEI Number 59-2743869 Applied For Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DANIELE, PAUL'F. Street Address (P.O. Box Number is Not Acceptable) 18514 US 19 N SU B CLEARWATER, FL 34624 Zip Code 6. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be \Box Trust Fund Contribution. Floride Department of State Due by May 1, 2004 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 SD Delete ☐ Addition PALLOTTA, BARBARA NAME NAME STREET ADDRESS 100 HAMPTON RD., LOT 3 STREET ADDRESS CLEARWATER, FL 33759 CITY-ST-ZIP CITY-ST-ZIP CD ☐ Change ☐ Delete TITLE TITLE Addition DANIELE, PAUL F NAME 100 HAMPTON RD., LOT 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33759 CITY-ST-ZIP PRESIDENT, DIRECTOR Delete **Change** ☐ Addition NAME STEWART, BRUCE Stewart, Bruce 101 LAKE AVE. #102 NAME STREET ADORESS 101 LAKE AVE., #102 STREET ADDRESS LARGO, FL 33771 COY-ST-7IP CITY-ST-ZIP LARGO, FL 33771 ☐ Delete ■ Addition TITLE [] Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TATLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete MILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under outh; that I am an officer or director of the corporation or the receiver or frustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. 727-538-

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

3-9-04

FILED

BARBARA DANIELE