2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# N29569

Entity Name: MEDICAL MINISTRY FOR LIFE, INCORPORATED

Current Principal Place of Business:

6455 S.W. 116 PL.
UNIT B
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

6455 S.W. 116 PL.
UNIT B
MIAMI, FL 33173

New Mailing Address:

FEI Number: 65-0053150 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GALAN, CHRISTINE
6455 S.W. 116 PL UNIT B
MIAMI, FL 33173 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: PD ( ) Delete
Name: PENA, HERBERT
Address: 15332 SW 167 ST
City-St-Zip: MIAMI, FL 33187

Title: D ( ) Delete
Name: ZUMPANO, BERNARD
Address: 9971 S.W. 128 STREET
City-St-Zip: MIAMI, FL 33176

Title: DV ( ) Delete
Name: YOHAM, WILLIAM
Address: 6301 SUNSET DRIVE
City-St-Zip: MIAMI, FL 33143

Title: STD ( ) Delete
Name: GALAN, CHRISTINE
Address: 6455 SW 116 PLACE
City-St-Zip: MIAMI, FL 33173

Title: D ( ) Delete
Name: JUAN, ERIC A
Address: 7761 SW. 29 ST.
City-St-Zip: MIAMI, FL 33155

Title: D ( ) Delete
Name: BOERU, LAWRENCE
Address: 11220 S.W. 180 ST.
City-St-Zip: MIAMI, FL 33157

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:

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: CHRISTINE GALAN STD 04/26/2007

Electronic Signature of Signing Officer or Director — Date