

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004943

FILED
Apr 29, 2007
Secretary of State

Entity Name: SHEPHERD'S PROMISE, INC.

Current Principal Place of Business:

SHEPHERDS PROMISE
363 PAULUS COURT
BOCA RATON, FL 33486 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 273175
BOCA RATON, FL 33427 US

New Mailing Address:

FEI Number: 65-0625813

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORTENSEN, KRISTOFER
9170 GETTYSBURG
BOCA RATON, FL 33434 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: D () Delete
Name: DUMMICH, ROBERT
Address: 1328 SE 2ND AVE
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: D () Delete
Name: MORTENSEN, KRISTOFER
Address: 9170 GETTYSBURG
City-St-Zip: BOCA RATON, FL 33434

Title: DT () Delete
Name: STYLES, NANCY
Address: 3861 OTTAWA LANE
City-St-Zip: COOPER CITY, FL 33026

Title: D () Delete
Name: SCHREIBER, LYNNE
Address: 400 CAMEL POINT SOUTH
City-St-Zip: DELRAY BEACH, FL 33444

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: D (X) Change () Addition
Name: SCHREIBER, LYNNE
Address: 396 SW LAKE FOREST WAY
City-St-Zip: PORT ST. LUCIE, FL 34986

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: KRISTOFER MORTENSEN

D

04/29/2007

Electronic Signature of Signing Officer or Director

Date