2001 UNIFORM BUSINESS REPORT (UBR) Jun 27, 2001 8:00 am **Secretary of State** 06-27-2001 90007 044 ****61.25 DELIVERANCE PENTELOSTAL Mailing Address A0075107 Principal Place of Business 295 10. w. 595. 1206 N. w. 655. Suite, Apt. #, etc. N. A. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & Ştate City & State Applied For 4. FEI Number FIA. Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired DADE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City Zip Code 8. 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. DATE 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. iShop TITLE TITLE Change Addition ☐ Delete NAME Robert' ThoRNTUN NAME 4603 N. w. 11AVA STREET ADDRESS STREET ADDRESS EACON 71A. CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition Robert Shotwell NAME NAME 22.74 N.W. 81 St STREET ADDRESS STREET ADDRESS MIAMI, 71A, 33147 CITY-ST-ZIP CITY-ST-ZIP TITLE De C O GAR TAND WILLIAM SON Delete TITLE ☐ Change ☐ Addition GARIAND W. HIAM SON 1772 N. W. 151 ST 33169 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE DEACEN ☐ Delete TITLE ☐ Change ☐ Addition Keith Thornton 2/0/ New 717853 3056 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP EVANG 15T Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CER OR DIRECTOR

SIGNATURE: