2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001406

FILED Feb 06, 2007 Secretary of State

Entity Name: TOUCHING MIAMI WITH LOVE MINISTRIES, INC.

Current Principal Place of Business: New Principal Place of Business: 711 NW 6TH AVENUE MIAMI, FL 33136 **Current Mailing Address: New Mailing Address:** PO BOX 013279 MIAMI, FL 33101 FEI Number: 65-0831654 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JASON, PITTMAN B MR. 711 NW 6TH AVENUE MIAMI, FL 33136 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: (X) Change () Addition () Delete FRANKLIN, TOM DANIEL, VINCENT Name: Name: 401 NW 2ND AVENUE SUITE N-1007 Address: 1550 N. MIAMI AVENUE Address: City-St-Zip: MIAMI, FL 33128 City-St-Zip: MIAMI, FL 33136 Title: Title: () Delete (X) Change () Addition BIGGS, VICTOR Name: LISA, WHITE Name: Address: 20824 SAN SIMEON WAY #111 Address: 12740 SW 71ST AVENUE City-St-Zip: MIAMI, FL 33179 City-St-Zip: MIAMI, FL 33156 Title: () Delete Title: () Change () Addition WHITEHEAD, ROSA Name: Name: 6053 SW 63RD TERRACE Address: Address: City-St-Zip: MIAMI, FL 33143 City-St-Zip: Title: TD () Delete Title: () Change () Addition Name: GILDA, FERRADAZ Name: 401 NW 2ND AVENUE Address: Address: City-St-Zip: MIAMI, FL 33128 City-St-Zip: Title: () Delete Title: (X) Change () Addition CAROLYN, ANDERSON RAYMOND, JOHNSON Name: Name: PO BOX 2556 PO BOX 2556 Address: Address: City-St-Zip: LAKELAND, FL 33806 City-St-Zip: LAKELAND, FL 33806 Title: () Delete Title: () Change () Addition SHAFER, AIDA Name: Name: Address: 4206 LAGUNA STREET Address: CORAL GABLES, FL 33146 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JASON PITTMAN RA 02/06/2007