


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000005822</b> 1. Entity Name <b>PEACE RESTORATION MINISTRIES, INC.</b>	
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Principal Place of Business <b>2807 CLIFFORD SAMPLE DR SUITE A TAMPA FL 33619</b>	Mailing Address <b>POST OFFICE BOX 489 BRANDON FL 33509-0489</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State	City & State	4. FEI Number <b>59-3438376</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>GOVERNOR, SANDRA 6217 GONDOLA DRIVE RIVERVIEW FL 33569</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	T	
NAME	GOVERNOR, JAVLIN	<input type="checkbox"/>
STREET ADDRESS	3219 PINELLAS PLACE	
CITY - ST - ZIP	TAMPA FL 33619	
TITLE	P	<input type="checkbox"/>
NAME	GOVERNOR, SANDRA	
STREET ADDRESS	6217 GONDOLA DR	
CITY - ST - ZIP	RIVERVIEW FL 33569	
TITLE	V	<input type="checkbox"/>
NAME	GOVERNOR, VANCE	
STREET ADDRESS	6217 GONDOLA DR	
CITY - ST - ZIP	RIVERVIEW FL 33569	
TITLE	T	<input type="checkbox"/>
NAME	COLLINS, CATHERINE	
STREET ADDRESS	8515 N. ASHLEY	
CITY - ST - ZIP	TAMPA FL 33604	
TITLE	S	<input type="checkbox"/>
NAME	JEFFERSON, RAMONA	
STREET ADDRESS	3219 PINELLAS PLACE	
CITY - ST - ZIP	TAMPA FL 33619	
TITLE	T	<input type="checkbox"/>
NAME	KENRICKS, CYNTHIA	
STREET ADDRESS	8515 N ASHLEY	
CITY - ST - ZIP	TAMPA FL 33604	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME		<input type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

SIGNATURE: *Sandra Governor* **Sandra Governor** April 18, 2007 (813) 741-9096