2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# N99000001324

Entity Name: SET FREE MIRACLE DELIVERANCE MINISTRIES, INC.

Current Principal Place of Business:

2401 N.W. 92 ST.
OPA LOCKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

2401 N.W. 92 ST.
OPA LOCKA, FL 33054

New Mailing Address:

FEI Number: 22-3689081 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHANG, EILEEN PASTOR
2401 N.W. 160 ST.
OPA LOCKA, FL 33054 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: CHANG, EILEEN
Address: 2238 NW 92ND STREET
City-St-Zip: MIAMI, FL 33147

Title: TD ( ) Delete
Name: CAMPBELL, BLOSSOM
Address: 20910 NE 12 CT
City-St-Zip: MIAMI, FL 33179

Title: SD ( ) Delete
Name: NESBIT, WINIFRED
Address: 2401 NW 160 TH STREET
City-St-Zip: OPA LOCKA, FL 33054

Title: D (X) Delete
Name: JAGGERNAUTH, DARYN
Address: 18700 NW 27 AVE. #208
City-St-Zip: OPA LOCKA, FL 33055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: BECKFORD, MAUREEN
Address: 930 NE 17 TERRACE
City-St-Zip: FT. LAUDERDALE, FL 33304

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: EILEEN CHANG PD 04/27/2007

Electronic Signature of Signing Officer or Director — Date