2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007
Secretary of State

DOCUMENT# N99000007577

Entity Name: PRISON TO PROMISE SALVAGE COMPANY, INC.

Current Principal Place of Business:

604 NORTH HWY 27
MINNEOLA, FL 34715 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 493412
LEESBURG, FL 34749

New Mailing Address:

FEI Number: 59-3621696 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JORDAN, EDWARD P II
604 NORTH HIGHWAY 27
MINNEOLA, FL 34715 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:	BABCOCK, JAMES B	
Address:	P.O. BOX 493412	
City-St-Zip:	LEESBURG, FL 34749	
Title:	D	( ) Delete
Name:	BABCOCK, SHIRLEY	
Address:	P.O. BOX 493412	
City-St-Zip:	LEESBURG, FL 34749	
Title:	D	( ) Delete
Name:	PAYTON, PATRICIA	
Address:	P.O. BOX 493412	
City-St-Zip:	LEESBURG, FL 34749	
Title:	D	( ) Delete
Name:	ROLAND MURPHY, JACK	
Address:	PO BOX 1164	
City-St-Zip:	CRYSTAL RIVER, FL 34423	
Title:	D	( ) Delete
Name:	CATHERINE MURPHY, MARY	
Address:	PO BOX 1164	
City-St-Zip:	CRYSTAL RIVER, FL 34423	
Title:	D	( ) Delete
Name:	JACQUART-PYLE, JOANNE	
Address:	PO BOX 2268	
City-St-Zip:	UMATILLA, FL 32784	

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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: JAMES BABCOCK PRES 01/12/2007

Electronic Signature of Signing Officer or Director — Date