2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000066036

Address:

City-St-Zip:

Entity Name: SEVEN ANYDAY MINISTRIES IN

FILED Feb 11, 2008 Secretary of State

Entity Na	me: SEVEN AI	NYDAY MINISTRIES, INC.				
Current P	rincipal Place	of Business:	New Principal Place of Business:			
3120 SEG MIAMI, FL						
Current M	lailing Address	s:	New Mailing Address:			
3120 SEG MIAMI, FL						
FEI Number	: 20-2833942	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desi	red ()
Name and	d Address of C	urrent Registered Agent:	Name and	Address of	New Registered Agent	:
GACKLE, 3120 SEG MIAMI, FL	OVIA ST					
	e named entity s e of Florida.	ubmits this statement for the	purpose of changing i	ts registered	office or registered agen	t, or both,
SIGNATU	RE:					
	Electroni	c Signature of Registered A	gent		Date	
Election Ca	mpaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () GACKLE, GEOF 3120 SEGOVIA MIAMI, FL 3313	ST	Title: Name: Address: City-St-Zip:	(() Change () Addition	
Title: Name: Address: City-St-Zip:	JIMENEZ, DESI	Delete REET PLAZA 294 3	Title: Name: Address: City-St-Zip:	(() Change () Addition	
Title: Name: Address: City-St-Zip:	D () HALE, DANIEL 10501 SW 108 A MIAMI, FL 3317		Title: Name: Address: City-St-Zip:	HALE, DANIE	07TH AVENUE	
Title: Name: Address: City-St-Zip:	PUNAL, JULIO C	D STREET, #241	Title: Name: Address: City-St-Zip:	(() Change () Addition	
Title: Name:	()	Delete	Title: Name:	D (SPEAD, BRE	()Change(X)Addition NT W	

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

3650 WILLIAM AVE

MIAMI, FL 33133

SIGNATURE: GEOFF R. GACKLE D 02/11/2008