2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N07000008688

The state of the s

Entity Name: WOMEN'S WALK OF FAITH MINISTRIES, INC.

Current Principal Place of Business: New Principal Place of Business:

411 NW 87TH DR., #103 1520 NW 105TH AVENUE PLANTATION, FL 33324 PLANTATION, FL 33322

Current Mailing Address: New Mailing Address:

1320 MOUNTAIN VIEW ROAD P.O. BOX 742

STAFFORD, VA 22554 US GARRISONVILLE, VA 22463 US

FEI Number: 26-1108311 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KAETTERHENRY, REBEKAH
411 NW 87TH DR., #103
PLANTATION, FL 33324 US
BOWHOUSEN, MICHELLE
1520 NW 105TH AVENUE
PLANTATION, FL 33322 US

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: MICHELLE BOWHOUSEN 08/28/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/TD () Delete Title: P/TD (X) Change () Addition Name: MOYET-TREROTOLA, DIANA Name: MOYET-TREROTOLA, DIANA

Address: 1320 MOUNTAIN VIEW ROAD Address: P.O. BOX 742

City-St-Zip: STAFFORD, VA 22554 US City-St-Zip: GARRISONVILLE, VA 22463 US

Title: 1VPD () Delete Title: () Change () Addition Name: BOWHOUSEN, MICHELLE Name:

 Address:
 1520 NW 105TH AVENUE
 Address:
 Address:

 City-St-Zip:
 PLANTATION, FL 33322 US
 City-St-Zip:

 Title:
 2VPD
 () Delete
 Title:
 2VPD
 (X) Change () Addition

 Name:
 KAETTERHENRY, REBEKAH
 Name:
 KAETTERHENRY, REBEKAH

Address: 411 NW 87TH DRIVE, #103 Address: P.O. BOX 742

City-St-Zip: PLANTATION, FL 33324 US City-St-Zip: GARRISONVILLE, VA 22463 US

Title: S () Delete Title: () Change () Addition

 Name:
 BOWHOUSEN, MICHELLE
 Name:

 Address:
 1520 NW 105TH AVENUE
 Address:

 City-St-Zip:
 PLANTATION, FL 33322 US
 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: DIANA MOYET-TREROTOLA P/TD 08/28/2008

Electronic Signature of Signing Officer or Director

Date