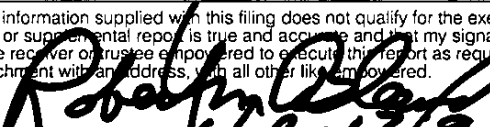
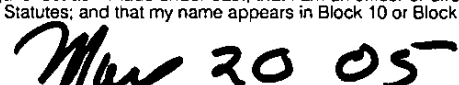


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State

05-23-2005 90004 036 ****70.00

DOCUMENT # 719980 1. Entity Name TEEN MISSIONS INTERNATIONAL, INC.																													
Principal Place of Business 885 E. HALL RD. MERRITT ISLAND, FL 32953-8443 US				Mailing Address 885 E. HALL RD. MERRITT ISLAND, FL 32953-8443 US																									
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State		4. FEI Number 23-7125177																									
Zip		Country		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																									
BLAND, ROBERT M 293 LAUREN COURT MERRITT ISLAND, FL 32952				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																									
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE																													
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">VD</td> <td style="width: 20%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>LANE, ROBERT G</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>305 BAHAMA DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MERRITT ISLAND, FL 32952</td> <td></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						TITLE	VD	☐ Delete	NAME	LANE, ROBERT G		STREET ADDRESS	305 BAHAMA DR		CITY-ST-ZIP	MERRITT ISLAND, FL 32952		TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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NAME																													
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CITY-ST-ZIP																													
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition																								
NAME	BLAND, BERNICE M		NAME																										
STREET ADDRESS	293 LAUREN COURT		STREET ADDRESS																										
CITY-ST-ZIP	MERRITT ISLAND, FL		CITY-ST-ZIP																										
TITLE	STD	☐ Delete	TITLE		☐ Change ☐ Addition																								
NAME	WILL, GAYLE		NAME																										
STREET ADDRESS	491 SEACREST AVE		STREET ADDRESS																										
CITY-ST-ZIP	MERRITT ISLAND, FL 32953		CITY-ST-ZIP																										
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition																								
NAME	MYERS, SHAWNA		NAME																										
STREET ADDRESS	215 HEAVENLY ST		STREET ADDRESS																										
CITY-ST-ZIP	MERRITT ISLAND, FL 32953		CITY-ST-ZIP																										
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CITY-ST-ZIP			CITY-ST-ZIP																										
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #																													