


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90009 009 ****61.25

DOCUMENT # 819880 1. Entity Name SUDAN INTERIOR MISSION INC.	
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Principal Place of Business 14830 CHOATE CIR CHARLOTTE, NC 28273	Mailing Address P.O. BOX 7900 CHARLOTTE, NC 28241
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DO NOT WRITE IN THIS SPACE



05152008 No Chg-NP CR2E037 (4/06)

4. FEI Number 22-1936391	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WINSOR, GARTH
 4114 NIGERIA RD.
 SEBRING, FL 33872

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TOBELMANN, JOWN 6226 SUMMER POND DR APT H CENTERVILLE, VA-20121 <i>4319 Runabout Lane Fairfax, VA 22030</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ARCHER, ELLIOTT 14947 MERCURY COURT CARMEL, IN 46032
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SALLOUM, GEORGE 1332 SEAMIST DRIVE MATTHEWS, NC 28105
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BLEES, ROBERT 1206 MOLOKAI DRIVE TEGA CAY, SC 29715
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ELY, FRED 4900 BROKEN SADDLE LN CHARLOTTE, NC 282265817
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P STRAUSS, STEVE 3086 POINT CLEAR DRIVE TEGA CAY, SC 29708

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Fred C. Ely* *Fred C. Ely* *5/15/08* *704-580-1403*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #