

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 11, 2004
Secretary of State**

DOCUMENT# N00000007973

Entity Name: SHALOM NETWORK INTERNATIONAL, INC.

Current Principal Place of Business:

1796 WALKER AVE
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 72
WEBSTER, NY 14580

New Mailing Address:

FEI Number: 59-3687313 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUNGER, WENDI
1796 WALKER AVE
WINTER PARK, FL 32789

Name and Address of New Registered Agent:

HUNGER, WENDI
4041 TIMUQUANA ROAD
JACKSONVILLE, FL 32210

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: _____ Date: 02/11/2004
Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LEVINE, DAVID
Address: 1796 WALKER AVE.
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: LEVINE, SANDRA
Address: 1796 WALKER AVE.
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: HUNGER, WENDILYNNE
Address: 1796 WALKER AVE.
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: HUNGER, KEVIN
Address: 1796 WALKER AVE.
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: WINOGRAD, STEWART
Address: 1796 WALKER AVE.
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: SCHNEIER, DAVID L
Address: 1796 WALKER AVE.
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HUNGER, WENDILYNNE
Address: 4041 TIMUQUANA ROAD
City-St-Zip: JACKSONVILLE, FL 32210

Title: D (X) Change () Addition
Name: HUNGER, KEVIN
Address: 4041 TIMUQUANA ROAD
City-St-Zip: JACKSONVILLE, FL 32210

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 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 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: WENDI HUNGER D Date: 02/11/2004
Electronic Signature of Signing Officer or Director