

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 14, 2008
Secretary of State**

DOCUMENT# N02000002246

Entity Name: CHRISTIAN INTERNATIONAL BUSINESS NETWORK, INC.

Current Principal Place of Business:

177 APOSTLES WAY
SANTA ROSA BCH, FL 32459

New Principal Place of Business:

Current Mailing Address:

PO BOX 9000
SANTA ROSA BCH, FL 32459

New Mailing Address:

FEI Number: 04-3631753 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMON, TIMOTHY T DR
177 APOSTLES WAY
SANTA ROSA BCH, FL 32459 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WALTERS, LEON
Address: 2377 E COUNTY ROAD 250 SOUTH
City-St-Zip: VERSAILLES, IN 47042

Title: D () Delete
Name: HAMON, TOM S
Address: 325 HAMON AVENUE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D () Delete
Name: HAMON, BILL
Address: 379 HAMON AVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D () Delete
Name: HAMON, TIMOTHY T DR
Address: 326 HAMON AVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D () Delete
Name: BIZETTE, LARRY
Address: 5702 DON BUDGE AVE
City-St-Zip: BATON ROUGE, LA 70810

Title: PD () Delete
Name: THOMAS, BILL
Address: 67 SUZANNE DR
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: PD (X) Change () Addition
Name: BIZETTE, LARRY
Address: 7502 DON BUDGE AVE
City-St-Zip: BATON ROUGE, LA 70810

Title: D (X) Change () Addition
Name: THOMAS, BILL
Address: 67 SUZANNE DR
City-St-Zip: SANTA ROSA BEACH, FL 32459

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: DR. TIMOTHY T. HAMON

Electronic Signature of Signing Officer or Director

T

03/14/2008

Date