

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
May 10, 2008
Secretary of State**

DOCUMENT# N02000006790

Entity Name: ADVENT MISSION OUTREACH SERVICES, INC.

Current Principal Place of Business:211 HOWARD BLVD
LONGWOOD, FL 32750**New Principal Place of Business:****Current Mailing Address:**POST OFFICE BOX 622244
ORLANDO, FL 32862**New Mailing Address:**

FEI Number: 06-1700847

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:PUN, TONY
1934 LONGWOOD LK MARY RD
LONGWOOD, FL 32750 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: P () Delete
Name: PUN, TONY
Address: 1934 LONGWOOD LK MARY RD
City-St-Zip: LONGWOOD, FL 32750Title: VST () Delete
Name: ZEMAN, ANTHONY D
Address: 1123 W. FAIRBANKS AVE
City-St-Zip: ORLANDO, FL 32804Title: D () Delete
Name: WILSON, PUN
Address: 75 EAST LOOP RD STE 125
City-St-Zip: STONY BROOK, NY 11790Title: A.S. () Delete
Name: ROBSON, EILEEN
Address: 196 BURNESIDE
City-St-Zip: KENDAL, UK 6AB LA9Title: M () Delete
Name: INNOCENT, ANDRE
Address: 112-04 208 STREET
City-St-Zip: QUEENS VILLAGE, NY 11429Title: M () Delete
Name: PUN, JONATHAN M OFFICER
Address: 4550 KAWILLA CREST PL
City-St-Zip: WINTER PARK, FL 32792 SE**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: M (X) Change () Addition
Name: LIU, JUAN MANAGER
Address: LEIFENG LU 70-1# 2HAOLOU 3 DANYUAN 401
City-St-Zip: FUSHUN CITY LIAONING, CN 113001Title: () Change () Addition
Name:
Address:
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: TONY PUN

P

05/10/2008

Electronic Signature of Signing Officer or Director

Date