## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000001955

City-St-Zip: CAPE CORAL, FL 33904 US

FILED Apr 29, 2009 Secretary of State

Entity Na	me: FEED THE	EM FIRST MISSIONS, INC.			
Current Principal Place of Business:			New Principal Pla	ace of Business:	
1754 CAPE CORAL PARKWAY EAST SUITE 101					
	RAL, FL 33904	US			
Current Mailing Address:			New Mailing Add	New Mailing Address:	
	E CORAL PARK	WAY EAST			
SUITE 101 CAPE CO	RAL, FL 33904	US			
FEI Number	: 01-0807104	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Addres	Name and Address of New Registered Agent:	
1754 CAP SUITE 101 CAPE CO The above	RAL, FL 33904	WAY EAST US	ourpose of changing its regist	ered office or registered agent, or both,	
SIGNATUI					
	Electronic	Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHAI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	BULGERIN, D.C.	AL PARKWAY EAST, SUITE 101	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CARLSON, REV.	AL PARKWAY EAST, SUITE 101	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	BULGERIN, SHIF	Delete RLEY AL PARKWAY EAST, SUITE 101	Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: SHIRLEY BULGERIN S/T 04/29/2009