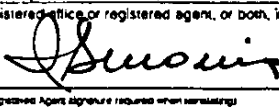
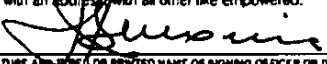


FILED
Jun 22, 2007 8:00 am
Secretary of State

04-23-2007 90265 043 ****61.25

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N06000010197			
1. Entity Name WORLD HOPE MISSIONS INTERNATIONAL, INC.			
Principal Place of Business 524 TIMBER RIDGE RD LONGWOOD, FL 32779 US		Mailing Address P.O. BOX 915753 LONGWOOD, FL 32791 US	
2. Principal Place of Business - No P.O. Box # 2731 WEST STATE RD 434		3. Mailing Address	
Suite, Apt. #, etc. Suite 1		Suite, Apt. #, etc.	
City & State LONGWOOD, FL		City & State	
Zip 32779		Country US	
4. FEI Number 20-5637718		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ACCOUNT BOOKKEEPING CORP 5950 LAKEHURST DR STE 248 ORLANDO, FL 32819		7. Name and Address of New Registered Agent Name JONATHAS D. MOREIRA Street Address (P.O. Box Number is Not Acceptable) 524 TIMBER RIDGE DR. Ste 246 City LONGWOOD FL Zip Code 32779	
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 <u>JONATHAS D. MOREIRA</u>  DATE <u>04/19/07</u> Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when terminating)			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOREIRA, JONATHAS D 524 TIMBER RIDGE RD LONGWOOD, FL 32779 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUCKNAM, ROBERT 7875 EDELWEISS COURT BOULDER, CO 80303 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DE MELLO, LILIAN 524 TIMBER RIDGE RD LONGWOOD, FL 32779 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUCKNAM, GAYLE 7875 EDELWEISS COURT BOULDER, CO 80303 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DE SOUZA, SAMUEL JR 1222 NELLON TREE CT GOTHAM, FL 34734 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BURKETT, KEVIN 1701 SOUTH HILLS AVE. ORLANDO, FL 32806 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARBOSA, MAURO 201 SE 6TH AVE POMPANO BEACH, FL 33060 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BURKETT, JULIE 1701 SOUTH HILLS AVE. ORLANDO, FL 32806 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DE FREITAS, MARCELO 4312 NATCHEZ TRACE DR ST CLOUD, FL 34769 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FOX, PETER 950 LANCASTER DR. ORLANDO, FL 32806 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOX, JANE 950 LANCASTER DR. ORLANDO, FL 32806 ☐ Change ☒ Addition
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 addressee with all other like empowered.			
SIGNATURE: 		5-15-07 321-441-4179	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

DOCUMENT # N06000010197			
1. Entity Name WORLD HOPE MISSIONS MINISTRY, INC.			
Principal Place of Business 524 TIMBER RIDGE RD LONGWOOD, FL 32779 US		Mailing Address P.O. BOX 915753 LONGWOOD, FL 32791 US	
2. Principal Place of Business - No P.O. Box # 2731 WEST STATE RD 434		3. Mailing Address	
Suite, Apt. #, etc. SUITE 1		Suite, Apt. #, etc.	
City & State LONGWOOD, FL		City & State	
Zip 32779	Country US	Zip	Country
4. FEI Number 20-5637718		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ACCOUNT BOOKKEEPING CORP 5950 LAKEHURST DR STE 246 ORLANDO, FL 32819		7. Name and Address of New Registered Agent Name JONATHAS D. MOREIRA Street Address (P.O. Box Number is Not Acceptable) 524 TIMBER RIDGE DR. STE 246 City LONGWOOD FL 32779	
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 JONATHAS D. MOREIRA <i>[Signature]</i> DATE 04/19/07 (NOTE: Registered Agent signature required when reappointing)			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PO MOREIRA, JONATHAS D 524 TIMBER RIDGE RD LONGWOOD, FL 32779 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D PARKS, WALT 296 TORPOINT GATE RD LONGWOOD, FL 32779 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VPD DE MELLO, LILIAN 524 TIMBER RIDGE RD LONGWOOD, FL 32779 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D PARKS, BARBARA 296 TORPOINT GATE RD LONGWOOD, FL 32779 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TD DE SOUZA, SAMUEL JR 1222 NELLON TREE CT GOTHA, FL 34734 ☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D SAND, MARK 1401 NORTH NEW YORK AVE. WINTER PARK, FL 32789 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD BARBOSA, MAURO 201 SE 6TH AVE POMPANO BEACH, FL 33060 ☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D SAND, LESLIE 1401 NORTH NEW YORK AVE WINTER PARK, FL 32789 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SD DE FREITAS, MARCELO 4312 NATCHEZ TRACE DR ST CLOUD, FL 34769 ☒ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D UNCAPHER, KENNETH 1625 PINE BLUFF AVE. ORLANDO, FL 32806 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D UNCAPHER, SUSANNE 1625 PINE BLUFF AVE. ORLANDO, FL 32806 ☐ Change ☒ Addition
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: <i>[Signature]</i>		5-15-07 321-441,4179	
SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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