## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000006702

FILED Apr 27, 2009 Secretary of State

Entity Name: DAYSTREAM MINISTRIES INTERNATIONAL, INC.

	Principal Place of Business:	New Principal Place of Business:
	173RD DRIVE #E101 FL 33015	
urrent N	Mailing Address:	New Mailing Address:
P.O. BOX HALEAH,	173868 FL 33017	
El Number	: 26-3066717 FEI Number Applied	For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )
lame and	d Address of Current Registered A	Agent: Name and Address of New Registered Agent:
857 NW	RNEST E JR 173RD DRIVE #E101 FL 33015 US	
	e named entity submits this statemer e of Florida.	nt for the purpose of changing its registered office or registered agent, or both,
SIGNATU		
	Electronic Signature of Regis	stered Agent Date
FFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
itle: lame: ddress:	DP ( ) Delete SAUVE, ERNEST E JR. 6857 NW 173RD DRIVE #E101	Title: ( ) Change ( ) Addition Name: Address:
ity-St-∠ip:	HIALEAH, FL 33015	City-St-Zip:
itle: itle: ame: ddress: ity-St-Zip:	DV ( ) Delete HOLDERBAUM, BRETT R 3301 PITCHER PLANT CITY HIALEAH, FL 33015	City-St-Zip:  Title: ( ) Change ( ) Addition  Name: Address: City-St-Zip:
itle: ame: ddress: ity-St-Zip: itle: ame: ddress:	DV ( ) Delete HOLDERBAUM, BRETT R 3301 PITCHER PLANT CITY	Title: ( ) Change ( ) Addition Name: Address:
itle: ame: ddress: ity-St-Zip: itle: ame: ddress: ity-St-Zip: itle: ame: ddress:	DV () Delete HOLDERBAUM, BRETT R 3301 PITCHER PLANT CITY HIALEAH, FL 33015  DST () Delete SAUVE, SILVIA S 6857 NW 173RD DRIVE #E101	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address:
itle: ame: ddress:	DV () Delete HOLDERBAUM, BRETT R 3301 PITCHER PLANT CITY HIALEAH, FL 33015  DST () Delete SAUVE, SILVIA S 6857 NW 173RD DRIVE #E101 HIALEAH, FL 33015  D () Delete PENA, ERNEST JR. P.O. BOX 338	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  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 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: ERNEST E SAUVE JR P 04/27/2009