

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007973

FILED
Mar 20, 2009
Secretary of State

Entity Name: SHALOM NETWORK INTERNATIONAL, INC.

Current Principal Place of Business:

8535 BAYMEADOWS ROAD
SUITE 56
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

Current Mailing Address:

8535 BAYMEADOWS ROAD
SUITE 56
JACKSONVILLE, FL 32256 US

New Mailing Address:

FEI Number: 59-3687313

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVINE, DAVID
2838 SPANISH COVE TRAIL
JACKSONVILLE, FL 32257 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: LEVINE, DAVID
Address: 2838 SPANISH COVE TRAIL
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: LEVINE, SANDRA
Address: 2838 SPANISH COVE TRAIL
City-St-Zip: JACKSONVILLE, FL 32257

Title: D () Delete
Name: HUNGER, WENDILYNNE
Address: 4041 TIMUQUANA ROAD
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: HUNGER, KEVIN
Address: 4041 TIMUQUANA ROAD
City-St-Zip: JACKSONVILLE, FL 32210

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:

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: DAVID LEVINE

PRES

03/20/2009

Electronic Signature of Signing Officer or Director

Date