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2003	FOR	PROFIT (CORPORA	TION
UNIFO	RM B	USINESS	REPORT	(UBR)

564034 DOCUMENT # 1. Entity Name WORLD MISSIONS TOURS INTERNATIONAL, INC.

Principal Place of Business Mailing Address 641 DESOTO DRIVE 641 DESOTO DRIVE PO BOX 660515 PO BOX 680515 MIAMI SPRINGS FL 33166 MIAMI SPRINGS FL 33166 2. Principal Place of Business HECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-1786632 miami niami Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired niami-Dade Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCCOMAS, CHARLES B. Street Address (P.O. Box Number is Not Acceptable) 1147 HILLSBORO MILE HILLSBORO BCH FL 33062 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE '* ☐ Delete MCCOMAS, W.H. SR NAME NAME STREET ADDRESS 450 RAGAN DR. STREET ADDRESS CITY-ST-ZIP MIAMI SPRINGS FL CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME MCCOMAS, CHARLES B. STREET ADDRESS STREET ADDRESS 1147 HILLSBORO NILE CITY-ST-ZIP CITY-ST-ZIP HILLSBORO FL 33062 TITLE Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP . CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 truster impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver of truster impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver of of the recei changed, or on an attachment with an a