2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703818

854 CONNISTON ROAD

WEST PALM BEACH, FL 33405

Address:

City-St-Zip:

FILED May 02, 2007 Secretary of State

Entity Name: LIGHTHOUSE CHRISTIAN CENTER INTERNATIONAL, INC. **Current Principal Place of Business: New Principal Place of Business:** 2602 S. DIXIE SUITE #5 WEST PALM BEACH, FL 33405 **New Mailing Address: Current Mailing Address:** PO BOX 6338 WEST PALM BEACH, FL 334056338 FEI Number: 59-0917270 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ILNISKY, WILLIAM ILNISKY, WILLIAM 854 CONNISTON ROAD 2602 S DIXIE HWY WEST PALM BEACH, FL 33405 US SUITE 5 WEST PALM BEACH, FL 33405 US 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: WILLIAM ILNISKY 05/02/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete ILNISKY, WILLIAM, Name: Name: Address: 2840 FARRAGUT LN. Address: City-St-Zip: W PALM BCH, FL City-St-Zip: Title: VD () Delete Title: VD (X) Change () Addition Name: TOME, WILLIAM Name: TOME, WILLIAM Address: 854 CONNISTON ROAD Address: 2602 S DIXIE HWY #5 City-St-Zip: WEST PALM BEACH, FL 33405 City-St-Zip: WEST PALM BEACH, FL 33401 Title: (X) Delete Title: () Change () Addition ZESIV, RONALDO Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: WILLIAM ILNISKY PD 05/02/2007