2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#754039

FILED May 16, 2008 Secretary of State

Entity Name: KNIGHTS OF THE ALTAR INTERNATIONAL, INC. **Current Principal Place of Business: New Principal Place of Business:** 3117 HENDERSON CIRCLE W. LAKELAND, FL 33803 **Current Mailing Address: New Mailing Address:** P.O. BOX 5476 LAKELAND, FL 33807 FEI Number: 36-2754078 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: HUSSEY, MRS. GERALD ROBERT J. STANZ PA 601 IMPÉRIAL BOULEVARD 444 W. PIPKIN ROAD SUITE 155 STE B. LAKELAND, FL 33803 US LAKELAND, FL 33813 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: ROBERT J STANZ 05/16/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: PTD () Delete () Change () Addition DESILVESTRO, JOSEPH, D Name: Name: 460 ILLINOIS STREET Address: Address: City-St-Zip: MARSEILLES, IL City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: HUSSEY, MRS. GERALD, Name: Address: 601 IMPERIAL BLVD, #155 Address: City-St-Zip: LAKELAND, FL City-St-Zip: Title: () Delete Title: () Change () Addition GAGLIANO, ANTHONY, Name: Name: 2908 LAKEVIEW DRIVE Address: Address: City-St-Zip: FERN PARK, FL City-St-Zip: Title: (X) Delete Title: () Change () Addition BODOLAY, JOHN, S, Name: Name: 6598 SWEETBRIAR LANE Address: Address: City-St-Zip: LAKELAND, FL City-St-Zip: Title: Title: () Delete () Change () Addition FABRITZE, DOROTHY S MSC Name: Name: 2811 MOYERS LN., PROVINCE CENTER Address: Address: City-St-Zip: READING, PA 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: JOSEPH D. DESILVESTRO P 05/16/2008