2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F01000002776

TI FILED
Jun 04, 2007
Secretary of State

Entity Name: BRIDGE-LOGOS INTERNATIONAL TRUST, INC.

Current Principal Place of Business: New Principal Place of Business:

5850 T G LEE BLVD SUITE 300 ORLANDO, FL 32822

Current Mailing Address: New Mailing Address:

 5850 T G LEE BLVD
 5850 T G LEE BLVD

 SUITE 300
 SUITE 300

 ORLANDO, FL 3282
 ORLANDO, FL 32822

FEI Number: 22-3622339 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MORRELL, GUY J
3276 GREAT OAKS BLVD
KISSIMMEE, FL 34744 US
BRIDGE-LOGOS PUBLISHING, INC.
5850 TG LEE BLVD
SUITE 300
ORLANDO, FL 32822 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: LAURA BECKER 06/04/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PCD (X) Change () Addition () Delete MORRELL, CATHERINE F MORRELL, GUY J Name: Name: 3276 GREAT OAKS BLVD Address: 3 THE FARRIERS; SEDGE BERROW Address: City-St-Zip: KISSIMMEE, FL 34744 City-St-Zip: EVESHAM, WORCS, UK WR117UY Title: SD Title: (X) Change () Addition () Delete TOMAN, SUZANNE Name: WOOLDRIDGE, SUZANNE Name: Address: 17130 NW 32 AVE Address: 16 MAIN ST., THE BUNGALOW City-St-Zip: NEWBERRY, FL 32669 City-St-Zip: SEDGEBERROW, EVESHAM, UK WR117UF Title: () Delete Title: ADO (X) Change () Addition MORRELL, CATHERINE F BECKER, LAURA L Name: Name: 17130 NW 32 AVE 1546 TRUMBULL ST Address: Address: City-St-Zip: NEWBERRY, FL City-St-Zip: KISSIMMEE, FL 34744 Title: () Delete Title: ADO () Change (X) Addition Name: Name: BECKER, STEPHEN A 1546 TRUMBULL ST Address: Address: City-St-Zip: City-St-Zip: KISSIMMEE, FL 34744 Title: () Delete Title: OG () Change (X) Addition COMFORT, RAY Name: Name: 10328 MIDWAY STREET Address: Address: City-St-Zip: City-St-Zip: BELLFLOWER, CA 90706 Title: () Delete Title: () Change (X) Addition KEEFAUVER, LARRY Name:

 Title:
 () Delete
 Title:
 GO () Change (X) Addition

 Name:
 Name:
 KEEFAUVER, LARRY

 Address:
 Address:
 105B BLACK MOUNTAIN AVE.

 City-St-Zip:
 City-St-Zip:
 BLACK MOUNTAIN, NC 28711

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: LAURA L BECKER ADO 06/04/2007