2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000002134

FILED Apr 15, 2009 Secretary of State

Entity Na	me: WORLD	NEIGHBORS, INC.					
Current P	rincipal Place	of Business:	New Principal Place of Business:				
	122ND STREE MA CITY, OK 7						
Current M	lailing Addres	es:	New Mailing Address:				
	122ND STREE MA CITY, OK 7						
FEI Number: 73-0707328 FEI Number Applied For ()			FEI Number Not Applicable () Certificate of Status Desired ()			ed ()	
Name and	Address of C	urrent Registered Agent:	Name and	Address of	New Registered Agent:		
1200 S PIN	ORATION SYS NE ISLAND RC ION, FL 33324)AD					
	named entity : e of Florida.	submits this statement for the p	ourpose of changing i	ts registered	office or registered agent,	or both,	
SIGNATU	RE:						
	Electror	ic Signature of Registered Age	ent		Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	C () BLACKWOOD, 4127 NW 122N OKLAHOMA CI	D STREET	Title: Name: Address: City-St-Zip:	(() Change () Addition		
Title: Name: Address: City-St-Zip:	VCVP () SCHOMBERG, 4127 NW 122N OKLAHOMA CI	D STREET	Title: Name: Address: City-St-Zip:	(() Change () Addition		
Title: Name: Address: City-St-Zip:	DS () WATSON, DOU 4127 NW 122N OKLAHOMA CI	D STREET	Title: Name: Address: City-St-Zip:	DONALDSON 4127 NW 122	*		
Title: Name: Address: City-St-Zip:	DT () WILDER, RENI 4127 NW 122N OKLAHOMA CI	D STREET	Title: Name: Address: City-St-Zip:	BEARDEN, D 4127 NW 122			
Title: Name: Address: City-St-Zip:	P () MACDONALD, 4127 NW 122N OKLAHOMA CI	D STREET	Title: Name: Address: Citv-St-Zip:	(() Change () Addition		

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: KEITH ANATOL VΡ 04/15/2009