2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2009
Secretary of State

DOCUMENT# F06000004196

Entity Name: CATHOLIC WORLD MISSION, INC.

Current Principal Place of Business:

590 COLUMBUS AVENUE
THORNWOOD, NY 10594

New Principal Place of Business:

Current Mailing Address:

590 COLUMBUS AVENUE
THORNWOOD, NY 10594

New Mailing Address:

FEI Number: 13-4010454 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: CP ( ) Delete
Name: ELIZONDO, PEDRO P
Address: AV. BONAMPAK 91-93
City-St-Zip: CANCUN, 77500 Q. ROO, MEXICO, OC

Title: VCVP ( ) Delete
Name: BURTKA, JOSEPH
Address: 582 COLUMBUS AVENUE
City-St-Zip: THORNWOOD, NY 10594

Title: STD ( ) Delete
Name: ORTEGA, JOSE F
Address: 582 COLUMBUS AVENUE
City-St-Zip: THORNWOOD, NY 10594

Title: D ( ) Delete
Name: MOYLAN, THOMAS
Address: 432 LIGUORI ROAD
City-St-Zip: EDGERTON, WI 53534

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VCVP (X) Change ( ) Addition
Name: MARTI, JULIO
Address: 582 COLUMBUS AVENUE
City-St-Zip: THORNWOOD, NY 10594

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: JOSE FELIX ORTEGA S 01/27/2009

Electronic Signature of Signing Officer or Director — Date