2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# F06000005753

Entity Name: TELE-MISSIONS INTERNATIONAL, INC.

Current Principal Place of Business:

5906 DIAMOND CT
ST CLOUD, FL 34770

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 700416
ST CLOUD, FL 34770

New Mailing Address:

FEI Number: 23-7359011 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANDERSON, GORDON JR.
5906 DIAMOND CT
ST CLOUD, FL 34770 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:	C	( ) Delete
Name:	ANDERSON, GORDON JR.	
Address:	P.O.BOX 700416	
City-St-Zip:	ST CLOUD, FL 34770	
Title:	VC	( ) Delete
Name:	ANDERSON, GORDON SR.	
Address:	P.O.BOX 700416	
City-St-Zip:	ST CLOUD, FL 34770	
Title:	D	( ) Delete
Name:	DEVRIES, RON	
Address:	P.O.BOX 700416	
City-St-Zip:	ST CLOUD, FL 34770	
Title:	P	( ) Delete
Name:	TAIPALUS, DOUG	
Address:	P.O.BOX 700416	
City-St-Zip:	ST CLOUD, FL 34770	
Title:	V	( ) Delete
Name:	LUCKEY, ROBERT	
Address:	P.O.BOX 700416	
City-St-Zip:	ST CLOUD, FL 34770	
Title:	S	( ) Delete
Name:	ANDERSON, CAROL	
Address:	P.O.BOX 700416	
City-St-Zip:	ST CLOUD, FL 34770	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	P	(X) Change ( ) Addition
Name:	ARMSTRONG, BEN	
Address:	P.O.BOX 700416	
City-St-Zip:	ST CLOUD, FL 34770	
Title:	V	(X) Change ( ) Addition
Name:	RYDER, HARVEY	
Address:	P.O.BOX 700416	
City-St-Zip:	ST CLOUD, FL 34770	
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: GORDON ANDERSON, JR. C 04/13/2009

Electronic Signature of Signing Officer or Director — Date