2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004529

FILED Jan 05, 2009 Secretary of State

Entity Name: CHURCH COMMUNITIES INTERNATIONAL INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
2032 ROL RIFTON, I	JTE 213 NY 12471					
Current Mailing Address:			New Maili	New Mailing Address:		
2032 ROL RIFTON, I	JTE 213 NY 12471					
FEI Number	: 14 - 1777904	FEI Number Applied For()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
1540 GLE	PRATING SER NWAY DRIVE SSEE, FL 323					
	e named entity e of Florida.	submits this statement for the p	ourpose of changing	its registered	d office or registered agent, or both,	
SIGNATU	RE:					
Electronic Signature of Registered Agent			ent		Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Fitle: Name: Address: City-St-Zip:	DP (BLOUGH, STE 10 HELLBROO ULSTER PARK	DK LN	Title: Name: Address: City-St-Zip:		() Change () Addition	
Fitle: Name: Address: City-St-Zip:	DV (WINTER, PAU RTE 381 N FARMINGTON		Title: Name: Address: City-St-Zip:		() Change () Addition	
Fitle: Name: Address: City-St-Zip:	ST (CAVANNA, PE 10 HELL BRO UPPER JAY, N	OK LN	Title: Name: Address: City-St-Zip:	CAVANNA, P 10 HELL BR		
Γitle: Name:	ST (CAVANNA, PE 10 HELLBROO ULSTER PARI	OK LANE	Title: Name: Address: City-St-Zip:	CAVANNA, P 10 HELLBRO		
Address: City-St-Zip:					() Change () Addition	
	GAUGER, RAN DANTHONIA, G) Delete NDALL GLEN INNES ROAD W 2360 AUSTRALIA,	Title: Name: Address: City-St-Zip:		() Shange () Madition	

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: PEDRO CAVANNA ST 01/05/2009