


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # F99000000482	
1. Entity Name CHRISTIAN CANCER CENTRE OF KAKINADA INDIA, INC.	

Principal Place of Business 2861 LOCKSLEY RD MELBOURNE, FL 32935	Mailing Address 2861 LOCKSLEY RD MELBOURNE, FL 32935
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DO NOT WRITE IN THIS SPACE



01272005 No Chg-NP CR2E037 (10/03)

4. FEI Number 36-3388950	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FIOL, MARTA M 2861 LOCKSLEY RD. MELBOURNE, FL 32935

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UN00000207976 02/01/05-80063-018 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD FIOL, MARTA M 2861 LOCKSLEY RD. MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FIOL, JUAN L 2861 LOCKSLEY RD. MELBOURNE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SULLIVAN, PETER 230 S MARCO WAY SATELLITE BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAPAKA, SAMPRASAD 1216 CIMARRON CIRCLE N.E. PALM BAY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIND, CARL E 1016 WINTHROP LANE ROCKFORD, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWENSON, CARL 911 CHELSEA AVE ROCKFORD, IL

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marta M. Fiol , PCD 1/27/05 321-952-0898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MARTA M. FIOI