


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

2/ FILED  
Mar 20, 2007 8:00 am  
Secretary of State

02-27-2007 90079 022 \*\*\*\*50.00

DOCUMENT # L06000006316					
1. Entity Name ONE WORLD MISSION, LLC					
Principal Place of Business 3190 HYPOLUXO ROAD BOYNTON BEACH, FL 33436			Mailing Address 3190 HYPOLUXO ROAD BOYNTON BEACH, FL 33436		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>05-0759873</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  MARSE, GEORGE L 3190 HYPOLUXO ROAD BOYNTON BEACH, FL 33436				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when re-registering.</small>					
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HENRY, ROBERT		NAME		
STREET ADDRESS	9115 CAVATINA PLACE		STREET ADDRESS		
CITY - ST - ZIP	BOYNTON BEACH, FL 33437		CITY - ST - ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARSE, GEORGE L		NAME		
STREET ADDRESS	4117 FLORAL DRIVE		STREET ADDRESS		
CITY - ST - ZIP	BOYNTON BEACH, FL 33438		CITY - ST - ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARSE, LORI		NAME		
STREET ADDRESS	4117 FLORAL DRIVE		STREET ADDRESS		
CITY - ST - ZIP	BOYNTON BEACH, FL 33438		CITY - ST - ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TAYLOR, ROBERT		NAME		
STREET ADDRESS	9590 LIBERTY CHURCH ROAD		STREET ADDRESS		
CITY - ST - ZIP	BRENTWOOD, TN 37027		CITY - ST - ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLIPP, RONALD		NAME		
STREET ADDRESS	8418 CHATEAU DRIVE N.E.		STREET ADDRESS		
CITY - ST - ZIP	ALBUQUERQUE, NM 87122		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>Low / Marse</i>		Date: <i>2/21/07</i>		Daytime Phone #: <i>561 304 1449</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					