2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2007
Secretary of State

DOCUMENT# N01000001577

Entity Name: LIFE ON THE HORIZON INTERNATIONAL MINISTRIES, INC.

Current Principal Place of Business:

8617 E COLONIAL DRIVE
SUITE 1100
ORLANDO, FL 32817 US

New Principal Place of Business:

Current Mailing Address:

8617 E COLONIAL DRIVE
SUITE 1100
ORLANDO, FL 32817 US

New Mailing Address:

FEI Number: 59-3708657 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

POPE, TYRANNY
1179 SHALLCROSS AVENUE
ORLANDO, FL 32828 US

Name and Address of New Registered Agent:

POPE, TYRANNY
1179 SHALLCROSS AVE
ORLANDO, FL 32828 US

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: TYRANNY POPE 05/17/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: NELSON, SHELVICK
Address: 796 MILLS ESTATE PLACE
City-St-Zip: CHULUOTA, FL 32766

Title: PD ( ) Delete
Name: POPE, TYRANNY
Address: 1179 SHALLCROSS AVENUE
City-St-Zip: ORLANDO, FL 32828

Title: VPD ( ) Delete
Name: POPE, JOANNA
Address: 1179 SHALLCROSS AVENUE
City-St-Zip: ORLANDO, FL 32828

Title: SD ( ) Delete
Name: NELSON, SHONNA
Address: 796 MILLS ESTATE PLACE
City-St-Zip: CHULUOTA, FL 32766

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change ( ) Addition
Name: NELSON, SHELVICK
Address: 6168 TIVOLI GARDENS BLVD
City-St-Zip: ORLANDO, FL 32829

Title: PD (X) Change ( ) Addition
Name: POPE, TYRANNY
Address: 1179 SHALLCROSS AVE
City-St-Zip: ORLANDO, FL 32828

Title: VPD (X) Change ( ) Addition
Name: POPE, JOANNA
Address: 1179 SHALLCROSS AVE
City-St-Zip: ORLANDO, FL 32828

Title: SD (X) Change ( ) Addition
Name: NELSON, SHONNA
Address: 6168 TIVOLI GARDENS BLVD
City-St-Zip: ORLANDO, FL 32829

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: SHONNA NELSON SD 05/17/2007
Electronic Signature of Signing Officer or Director Date