


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90805 001 \*\*\*\*61.25  
04-20-2005 90805 002 \*\*\*\*\*8.75

<b>DOCUMENT # N01000005128</b>	
1. Entity Name <b>SLAVIC MINISTRIES INTERNATIONAL, INC.</b>	

Principal Place of Business <b>1612 PLEASANT PARK DR E JACKSONVILLE, FL 32225</b>	Mailing Address <b>1612 PLEASANT PARK DR E JACKSONVILLE, FL 32225</b>
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2. Principal Place of Business <b>1612 Pleasant Park Dr E Jacksonville</b>	3. Mailing Address <b>5741 MERRILL RD</b>
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Suite, Apt. #, etc. <b>Lakewood</b>	Suite, Apt. #, etc.
City & State <b>FL</b>	City & State <b>32277</b>
Zip	Country



03142005 Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3751632</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>CANDETO, MICHAEL A 200 W FORSYTH ST, STE 1100 JACKSONVILLE, FL 32202</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ZAYCHENKO, ANTON-Y 10927 SE 223RD STREET APT B KENT, WA 98031</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T ZAYCHENKO, ANTONY 19926 BALLINGER WAY N.E., APT 15 SEATTLE, WA 98155</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ZAYCHENKO, ANTONY 1630 19th Ave SE Everett WA 98201</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MOROZON, DMITRIY V 1612 PLEASANT PARK DR. E JACKSONVILLE, FL 32225</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Dmitriy Morozov 5741 Merrill Rd FL 32277</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Zaychenko, Antony 11630 19th Ave SE Everett, WA 98201</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>196 Williams Lake Rd Evans WA 99126</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

<b>SIGNATURE:</b> _____	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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