


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2007 08:00 A
Secretary of State

DOCUMENT # N02000001302 1. Entity Name CLOUD BY DAY MISSIONS INC.	
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Principal Place of Business 96 LAKE OTIS RD WINTER HAVEN FL 33884	Mailing Address 96 LAKE OTIS RD WINTER HAVEN FL 33884
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State Zip Country	City & State Zip Country
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4. FEI Number 45-0465865	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ANNEN, CAROL 96 LAKE OTIS RD WINTER HAVEN FL 33884	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete ANNEN, CAROL 96 LAKE OTIS RD WINTER HAVEN FL 33884
TITLE	D <input type="checkbox"/> Delete GIPSON, DENNIS 339 BANYON DR WINTER HAVEN FL 33884
TITLE	D <input type="checkbox"/> Delete BRADSHAW, DEBBIE 116 SANDBURG LN WINTER HAVEN FL 33884
TITLE	D <input type="checkbox"/> Delete BENTLEY, CATHY 2 SKIDMORE WINTER HAVEN FL 33884
TITLE	D <input type="checkbox"/> Delete HOLTON, SHEILA 4810 ELAM RD. LAKELAND FL 33813
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000000701700 04/20/07-80066-010 70.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Carol Annen CAROL Annen 4/10/07 863 287-0479