2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 12, 2005 08:00 AM Secretary of State DOCUMENT # Nº02000006228 1. Entity Name AGAPE ARTS INTERNATIONAL INC. Principal Place of Business ____ Mailing Address 108 WINDRIDGE LANE PANAMA CITY BEACH FL 32413 108 WINDRIDGE LANE PANAMA CITY BEACH FL 32413 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) Applied For City & State City & State 4, FEI Number 75-3087581 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KOLTER, SUSANNE CLAIRE Street Address (P.O. Box Number is Not Acceptable) 108 WINDRIGE LANE PANAMA CITY BEACH FL 32413 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2005 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PD TITLE Change Change Addition HILE ☐ Delete AGULAR, SANDRA NAME NAME UQQQQD3Q**D19**4 2770 WW DEVONSHIRE APT B9 STREET ADDRESS STREET ADDRESS 04/12/05-80010-017 70.00 **HEMET CA 92545** CHY-ST-ZIP CITY - ST - ZIP TITLE Delete TITLE Change Addition SULLIVAN, DEBBIE NAME MAME 225 DALTON STREET ADDRESS STREET ADDRESS SANTA ROSA BEACH FL 32459 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME SULLIVAN, RANDY STREET ADDRESS 225 DALTON STREET ADDRESS SANTA ROSA BEACH FL 32459 CITY-ST-ZIP CITY- ST- ZIP Change Addition TITLE Delete HILLE AGULAR, LEONARD NAME NAME 2770 W DEVONSHIRE APT B9 STREET ADDRESS STREET ADDRESS HEMET CA 92545 CHY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delele HILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED