2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# N02000009207

Entity Name: COMPASSION FOR DEAF INTERNATIONAL, INC.

Current Principal Place of Business:

333 LAURINA ST.
APT. 210
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

333 LAURINA ST.
APT. 210
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 11-3647141 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BROWN, TIMOTHY S DR.
333 LAURINA ST.
APT. 210
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	HOWARD, MCKINLEY SR.,REV	
Address:	4110 MONCRIEF ROAD	
City-St-Zip:	JACKSONVILLE, FL 32209	
Title:	SD	( ) Delete
Name:	BROWN, NATALYA	
Address:	333 LAURINA ST., APT. 210	
City-St-Zip:	JACKSONVILLE, FL 32216	
Title:	TD	( ) Delete
Name:	WELTER, GARY REV.	
Address:	210 CYPRESS ROAD	
City-St-Zip:	ST. AUGUSTINE, FL 32036	
Title:	P	( ) Delete
Name:	BROWN, TIMOTHY S DR.	
Address:	333 LAURINA ST., APT. 210	
City-St-Zip:	JACKSONVILLE, FL 32216	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DR. TIMOTHY S. BROWN P 04/30/2005

Electronic Signature of Signing Officer or Director — Date