2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# N03000000472

Entity Name: PREPARING THE WAY NETWORK INTERNATIONAL, INC.

Current Principal Place of Business:

10676 UNION STAR CHURCH RD.
WEST FORK, AR 72774 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 693
WEST FORK, AR 72774 US

New Mailing Address:

FEI Number: 83-0346697 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEBSTER, JOHN
240 MAGNOLIA CREEK ROAD
SANTA ROSA BEACH, FL 32459 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:	PD	( ) Delete
Name:	SCHULTZ, D. STEVE	
Address:	10676 UNION STAR CHURCH RD	
City-St-Zip:	WEST FORK, AR 72774	
Title:	ST	( ) Delete
Name:	SCHULTZ, R. DIANE	
Address:	10676 UNION STAR CHURCH RD.	
City-St-Zip:	WEST FORK, AR 72774	
Title:	D	( ) Delete
Name:	WEBSTER, SCOTT	
Address:	1491 BRENT WOOD DR.	
City-St-Zip:	MARIETTA, GA 30062	
Title:	D	( ) Delete
Name:	FERRIS, CLEM	
Address:	4103 KINGS CHARLES ROAD	
City-St-Zip:	DURHAM, NC 27707	
Title:	D	( ) Delete
Name:	COPP, DAVE	
Address:	2209 E 6TH ST	
City-St-Zip:	LONG BEACH, CA 90814	
Title:	D	( ) Delete
Name:	SCHULTZ, MIKE	
Address:	10662 UNION STAR CHURCH RD	
City-St-Zip:	WEST FORK, AR 72774	

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:	
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 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: DIANE SCHULTZ ST 04/08/2009
Electronic Signature of Signing Officer or Director — Date