

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001399

FILED  
Jan 16, 2007  
Secretary of State

Entity Name: TRUTH SEEKERS INTERNATIONAL, INC.

**Current Principal Place of Business:**

617 PALMETTO AVE.  
MELBOURNE, FL 32901

**New Principal Place of Business:**

**Current Mailing Address:**

617 PALMETTO AVE.  
MELBOURNE, FL 32901

**New Mailing Address:**

FEI Number: 56-2365991

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KESSINGER, M. A.  
617 PALMETTO AVE.  
MELBOURNE, FL 32901 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: KESSINGER, M.A.  
Address: 4 INWOOD WAY  
City-St-Zip: INDIAN HARBOR BCH, FL 32937

Title: STD ( ) Delete  
Name: TERRY, MICHAEL E  
Address: 380 FRANKLYN AVE.  
City-St-Zip: INDIALANTIC, FL 32903

Title: VD ( ) Delete  
Name: FADDEN, CHRIS  
Address: 424 4TH AVE.  
City-St-Zip: INDIALANTIC, FL 32903

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: KESSINGER, M.A.  
Address: 2953 CHICA CIRCLE  
City-St-Zip: W. MELBOURNE, FL 32904

Title: STD (X) Change ( ) Addition  
Name: TERRY, MICHAEL E  
Address: 2963 CHICA CIRCLE  
City-St-Zip: W. MELBOURNE, FL 32904

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 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: M. A. KESSINGER

PD

01/16/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date