2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005817

FILED May 20, 2007 Secretary of State

Entity Name: SHARON BOWENS INTERNATIONAL OUTREACH ENTERPRISES, INC.

Current Principal Place of Business: New Principal Place of Business: 11054 NORTH CAMPUS BOULEVARD JACKSONVILLE, FL 32218 **Current Mailing Address: New Mailing Address:** P. O. BOX 28791 JACKSONVILLE, FL 32226 US FEI Number: 20-0077102 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BOWENS, SHARON W 11054 NORTH CAMPUS BOULEVARD JACKSONVILLE, FL 32218 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BOWENS, SHARON W Name: Name: 11054 NORTH CAMPUS BOULEVARD Address: Address: City-St-Zip: JACKSONVILLE, FL 32218 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: BOWENS, DENNIS J SR. Name: Address: 11054 NORTH CAMPUS BOULEVARD Address: City-St-Zip: JACKSONVILLE, FL 32218 US City-St-Zip: Title: () Delete Title: (X) Change () Addition BOWENS, TANISHA L Name: BOWENS, TANISHA L Name: 344 MENDOZA AVENUE, APT. #5 Address: Address: P. O. BOX 28791 City-St-Zip: CORAL CABLES, FL 33134 US City-St-Zip: JACKSONVILLE, FL 32226 US Title: () Delete Title: (X) Change () Addition WILLIAMS, ANETTEYA D Name: Name: POOLER, ANETTEYA D 846 CHERRY POINT WAY 846 CHERRY POINT WAY Address: Address: City-St-Zip: JACKSONVILLE, FL 32218 US City-St-Zip: JACKSONVILLE, FL 32218 US Title: () Delete Title: (X) Change () Addition BOWENS, DENNIS J JR. BOWENS, DENNIS J JR. Name: Name: 11054 NORTH CAMPUS BOULEVARD 3961 GATHERING DRIVE, APT#78B Address: Address: City-St-Zip: JACKSONVILLE, FL 32218 US City-St-Zip: ORLANDO, FL 32817 US

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: SHARON W. BOWENS PRES 05/20/2007