2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008200

Entity Name: CHINESE COMMUNITY CHURCH CORP.

FILED Apr 19, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4600 78TH AVE., N. 4600 78TH AVE., N.

PINELLAS PARK, FL 33782 PINELLAS PARK, FL 33781

Current Mailing Address: New Mailing Address:

4600 78TH AVE., N. 4600 78TH AVE., N.

PINELLAS PARK, FL 33782 PINELLAS PARK, FL 33781

FEI Number: 20-0242175 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ACCURACY ACCOUNTING SERVICE, INC. 5558 1/2 PARK BLVD. PINELLAS PARK, FL 33781 US

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

GILDAY, ENGLAN HU. DAR S Name: Name: 5558 1/2 PARK BLVD. Address: 5558 1/2 PARK BLVD. Address: City-St-Zip: PINELLAS PARK, FL 33781 City-St-Zip: PINELLAS PARK, FL 33781

Title: VD () Delete Title: VD (X) Change () Addition

DUANN, SUNNY Name: DUANN, SUNNY Name: Address: 5558 1/2 PARK BLVD. Address: 3317 BRIARWOOD LN. City-St-Zip: PINELLAS PARK, FL 33781 City-St-Zip: SAFETY HARBOR, FL 34695

Title: SD () Delete Title: SD (X) Change () Addition

LACEY, THOMAS LACEY, THOMAS R DR. Name: Name: 5558 1/2 PARK BLVD. 9020 SEMINOL BLVD Address: Address: City-St-Zip: PINELLAS PARK, FL 33781 City-St-Zip: SEMINOLE, FL 33772

() Delete Title: TD Title: TD (X) Change () Addition

Name: HU, DAR Name: LACEY, CHING W 5558 1/2 PARK BLVD. Address: Address: 9018 SEMINOLE BLVD City-St-Zip: PINELLAS PARK, FL 33781 City-St-Zip: SEMINOLE, FL 33772

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: THOMAS R. LACEY SD 04/19/2007