2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008282

FILED Jun 25, 2009 Secretary of State

Entity Name: CHRISTIAN ADVENT INTERNATIONAL, INC.

Current Principal Place of Business:		New Principal Place of Business:	
	ANTIC AVE A BEACH SHORES, FL 32118 US		
Current Mailing Address:		New Mailing Address:	
P.O. BOX DAYTONA	.15136 A BEACH, FL 32115 US		
FEI Number: 20-0253815 FEI Number Applied For() FEI I In accordance with s. 607.193(2)(b), F.S., the corporation did not receiv Name and Address of Current Registered Agent:		Number Not Applicable () Certificate of Status Desired () ve the prior notice. Name and Address of New Registered Agent:	
1918 ATL	Y, KEVIN DR. ANTIC AVE A BEACH SHORES, FL 32118 US		
	e named entity submits this statement for the purpos te of Florida.	e of changing	its registered office or registered agent, or both,
SIGNATU	RE:		
	Electronic Signature of Registered Agent		Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	PD () Delete MCNULTY, KEVIN DR. 120 FLAMINGO AVENUE DAYTONA BEACH, FL 32118 US	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VSD () Delete MCNULTY, LESLIE C DR. 120 FLAMINGO AVENUE DAYTONA BEACH, FL 32118 US	Title: Name: Address: City-St-Zip:	() Change () Addition
Title:	D () Delete HANCOCK, MARK	Title: Name:	D (X) Change () Addition REYNOLDS, SIMON
Address:	2489 JERRY CIRCLE DAYTONA BEACH, FL 32128 US	Address: City-St-Zip:	39 ACCLAIM AT LYON'S PAW DAYTONA BEACH, FL 32124 US
Address: City-St-Zip: Title: Name: Address:			
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	DAYTONA BEACH, FL 32128 US D () Delete REYNOLDS, SIMON 39 ACCLAIM AT LYON'S PAW	City-St-Zip: Title: Name: Address:	DAYTONA BEACH, FL 32124 US D (X) Change () Addition MILLER, JEFF 1291 BRANDYWINE CIRCLE

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: LESLIE MCNULTY VD 06/25/2009