## 2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N03000008389

TI FILED
Oct 10, 2011
Secretary of State

Entity Name: THROUGH HIS EYES MISSION, INC.

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

1761 SE PLUM DR 2213 CYPRESS ISLAND DR

ARCADIA, FL 34266 US 203

POMPANO BEACH, FL 33069 US

Current Mailing Address: New Mailing Address:

1761 SE PLUM DR 2213 CYPRESS ISLAND DR

ARCADIA, FL 34266 US 203 POMPANO BEACH, FL 33069 US

FEI Number: 16-1695089 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:

GRIMES, SHASTA GRIMES, SHASTA 1761 SE PLUM DR 2213 CYPRESS ISLAND DR

ARCADIA, FL 34266 US 203 POMPANO BEACH, FL 33069 US

POMPANO BEACH, FL 33069 U

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: SHASTA GRIMES 10/10/2011

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Γitle: D

Name: GRIMES, SHASTA

Address: 2213 CYPRESS ISLAND DR APT 203
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: PIO

Name: REMINGTON, CHARITY
Address: 338 BOEING STREET NW
City-St-Zip: LAKE PLACID, FL 33852 US

Title: ED

Name: REMINGTON, CHRISTA Address: 10435 SW 5TH ST City-St-Zip: MIAMI, FL 33174

Title: CFO

 Name:
 BUITRAGO, CARLOS

 Address:
 355 NW 109TH AVE #613

 City-St-Zip:
 MIAMI, FL 33172

I hereby 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 all other like empowered.

SIGNATURE: SHASTA GRIMES P. 10/10/2011