2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007
Secretary of State

DOCUMENT# N03000008507

Entity Name: MONGOLIA MINISTRIES, INC.

Current Principal Place of Business:

PO BOX 3214
PLACIDA, FL 33946

New Principal Place of Business:

1936 E. VENICE AVE.
VENICE, FL 34292 US

Current Mailing Address:

PO BOX 222 SUITE 240
3605 SANDY PINES RD.
MARIETTA, GA 30066

New Mailing Address:

FEI Number: 20-0329110 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBERTS, GREGORY C ESQ
341 VENICE AVENUE WEST
VENICE, FL 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:	DP	( ) Delete
Name:	GUE, PAUL LARRY	
Address:	PO BOX 3214	
City-St-Zip:	PLACIDA, FL 33946	
Title:	DST	( ) Delete
Name:	GUE, ANN W	
Address:	PO BOX 3214	
City-St-Zip:	PLACIDA, FL 33946	
Title:	D	( ) Delete
Name:	GUE, PAUL L JR	
Address:	4660 EAST FOREST PEAK	
City-St-Zip:	MARIETTA, GA 30066	
Title:	D	( ) Delete
Name:	SUTTON, DAVID L	
Address:	3954 ANNAPOLIS TERRACE	
City-St-Zip:	NORTH PORT, FL 34287	
Title:	D	( ) Delete
Name:	JONES, BRETT	
Address:	548 LAGORCE DRIVE	
City-St-Zip:	VENICE, FL 34293	
Title:	D	( ) Delete
Name:	SHATTUCK, CLYDE	
Address:	5965 VIOLA RD.	
City-St-Zip:	VENICE, FL 34293	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: PAUL LARRY GUE DP 01/16/2007

Electronic Signature of Signing Officer or Director — Date