2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007
Secretary of State

DOCUMENT# N04000000486

Entity Name: EVANGELISM TRAINING INTERNATIONAL , INC.

Current Principal Place of Business:

1825 DEMASTUS LANE
OCOEE, FL 34761

New Principal Place of Business:

Current Mailing Address:

1825 DEMASTUS LANE
OCOEE, FL 34761

New Mailing Address:

FEI Number: 36-4547060 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KELLEY, PAUL A
807 WEST MORSE BLVD, SUITE 201
WINTER PARK, FL 32789 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: D ( ) Delete
Name: CONNER, JEFFREY
Address: 1825 DEMASTUS LANE
City-St-Zip: OCOEE, FL 34761

Title: D ( ) Delete
Name: KELLEY, PAUL
Address: 1825 DEMASTUS LANE
City-St-Zip: OCOEE, FL 34761

Title: D ( ) Delete
Name: COX, JAMES
Address: 1825 DEMASTUS LANE
City-St-Zip: OCOEE, FL 34761

Title: D ( ) Delete
Name: CONNER, PATTY
Address: 1825 DEMASTUS LANE
City-St-Zip: OCOEE, FL 34761

Title: D ( ) Delete
Name: KELLEY, BARBARA
Address: 1825 DEMASTUS LANE
City-St-Zip: OCOEE, FL 34761

Title: D ( ) Delete
Name: COX, LARUE
Address: 1825 DEMASTUS LANE
City-St-Zip: OCOEE, FL 34761

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 KELLEY D 01/29/2007

Electronic Signature of Signing Officer or Director — Date