2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2007
Secretary of State

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Entity Name: COMMISSIONED INTERNATIONAL COALITION, INC.

Current Principal Place of Business:

608 W OAKLAND AVE
OAKLAND, FL 34760

New Principal Place of Business:

14717 JOHNS LAKE ROAD
CLERMONT, FL 34711

Current Mailing Address:

P O BOX 930
OAKLAND, FL 34760

New Mailing Address:

8511 SUMMERVILLE PLACE
ORLANDO, FL 32819

FEI Number: 90-0147580 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOWLER, JOSHUA
15001 OAKLAND AVENUE
WINTER GARDEN, FL 34787 US

Name and Address of New Registered Agent:

FOWLER, JOSHUA
8511 SUMMERVILLE PLACE
ORLANDO, FL 32819 US

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: JOSHUA FOWLER 04/15/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FOWLER, JOSHUA
Address: 15001 OAKLAND AVENUE
City-St-Zip: WINTER GARDEN, FL 34787

Title: D ( ) Delete
Name: FOWLER, DEBORAH
Address: 15001 OAKLAND AVENUE
City-St-Zip: WINTER GARDEN, FL 34787

Title: D ( ) Delete
Name: MILLER, CHARM
Address: 608 W. OAKLAND AVE
City-St-Zip: OAKLAND, FL 34760

Title: D ( ) Delete
Name: WHITE, DAN
Address: 1251 FROMMAGE WAY
City-St-Zip: JACKSONVILLE, FL 32225

Title: D ( ) Delete
Name: CHISM, TAMMY
Address: 3160 S 129TH EAST AVE
City-St-Zip: TULSA, OK 74134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: FOWLER, JOSHUA
Address: 8511 SUMMERVILLE PLACE
City-St-Zip: ORLANDO, FL 32819

Title: D (X) Change ( ) Addition
Name: FOWLER, DEBORAH
Address: 8511 SUMMERVILLE PLACE
City-St-Zip: ORLANDO, FL 32819

Title: D (X) Change ( ) Addition
Name: FOWLER, CHARLES A
Address: 213 ZACHARY WADE ST
City-St-Zip: WINTER GARDEN, FL 34787

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: JOSHUA FOWLER P 04/15/2007
Electronic Signature of Signing Officer or Director Date