2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001535

CHISM, TAMMY

TULSA, OK 74134

3160 S 129TH EAST AVE

Name:

Address: City-St-Zip: FILED Jul 04, 2008 Secretary of State

Entity Name: COMMISSIONED INTERNATIONAL COALITION, INC.

Current Principal Place of Business: New Principal Place of Business: 14717 JOHNS LAKE ROAD 6250 EDGEWATER DR CLERMONT, FL 34711 1300 ORLANDO, FL 32810 **Current Mailing Address: 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 () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FOWLER, JOSHUA FOWLER, JOSHUA DR 8511 SUMMERVILLE PLACE 9115 VIA BELLA NOTTE ORLANDO, FL 32836 ORLANDO, FL 32819 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 07/04/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete FOWLER, JOSHUA Name: FOWLER, JOSHUA DR Name: 8511 SUMMERVILLE PLACE Address: 8511 SUMMERVILLE PLACE Address: ORLANDO, FL 32819 City-St-Zip: City-St-Zip: ORLANDO, FL 32819 Title: () Delete Title: () Change () Addition Name: FOWLER, DEBORAH Name: Address: 8511 SUMMERVILLE PLACE Address: City-St-Zip: ORLANDO, FL 32819 City-St-Zip: Title: () Delete Title: () Change () Addition FOWLER, CHARLES A Name: Name: 213 ZACHARY WADE ST Address: Address: City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: Title: (X) Delete Title: () Change () Addition Name: WHITE, DAN Name: 1251 FROMMAGE WAY Address: Address: City-St-Zip: JACKSONVILLE, FL 32225 City-St-Zip: Title: Title: () Delete () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: DR. JOSHUA FOWLER PRES 07/04/2008