

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006384

FILED
May 01, 2007
Secretary of State

Entity Name: COMPASSION ALLIANCE, INC.

Current Principal Place of Business:

1609 N. HWY CC
NIXA, MO 65714 US

New Principal Place of Business:

2200 NE 36TH
UNIT 508
OCALA, FL 34470 US

Current Mailing Address:

PO BOX 989
NIXA, MO 65714 US

New Mailing Address:

7619 CARL AVE
SPRINGFIELD, MO 65802 US

FEI Number: 84-1651362 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:

EWING, STEVEN R
5580 SE 3TH PLACE
OCALA, FL 34471 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: P () Delete
Name: HOULIHAN, ROBERT DR.
Address: 6315 S. RIVERGLEN RD.
City-St-Zip: OZARK, MO 65721 US

Title: T () Delete
Name: FONTENOT, SCOTT
Address: 6750 STATE HWY 303
City-St-Zip: BREMERTON, WA 98311 US

Title: VP () Delete
Name: KIM, NAM S DR.
Address: 130-30 31ST AVE.
City-St-Zip: FLUSHING, NY 11354 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: YOON, DAVID DR.
Address: 165 SAGEBRUSH TRAIL
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: LESLIE LINGENFELSER

CPA

05/01/2007

Electronic Signature of Signing Officer or Director

_____ Date