

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009045

FILED
Apr 20, 2006
Secretary of State

Entity Name: WORLD MISSIONS INFORMATION CENTER, INC.

Current Principal Place of Business:

3392 CORAL SPRINGS DR
CORAL SPRINGS, FL 33065

New Principal Place of Business:

11399 LAKEVIEW DRIVE UNIT 7 BLDG B
CORAL SPRINGS, FL 33071

Current Mailing Address:

3392 CORAL SPRINGS DR
CORAL SPRINGS, FL 33065

New Mailing Address:

11399 LAKEVIEW DRIVE UNIT 7 BLDG B
CORAL SPRINGS, FL 33071

FEI Number: 20-1645544

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DA SILVA, JOA C
3392 CORAL SPRINGS DR
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

DA SILVA, JOA C
11399 LAKEVIEW DRIVE UNIT 7 BLDG B
CORAL SPRINGS, FL 33071 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: JOA C DA SILVA

04/20/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DA SILVA, JOA C
Address: 3392 CORAL SPRINGS DR
City-St-Zip: CORAL SPRINGS, FL 33065

Title: VD () Delete
Name: DA SILVA, MAHELI C
Address: 3392 CORAL SPRINGS DR
City-St-Zip: CORAL SPRINGS, FL 33065

Title: DST () Delete
Name: DA SILVA, JENIFER C
Address: 3392 CORAL SPRINGS DR
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DA SILVA, JOA C
Address: 11399 LAKEVIEW DRIVE UNIT 7 BLDG B
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VD (X) Change () Addition
Name: DA SILVA, MAHELI C
Address: 11399 LAKEVIEW DRIVE UNIT 7 BLDG B
City-St-Zip: CORAL SPRINGS, FL 33071

Title: DST (X) Change () Addition
Name: DA SILVA, JENIFER C
Address: 11399 LAKEVIEW DRIVE UNIT 7 BLDG B
City-St-Zip: CORAL SPRINGS, FL 33071

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: JOA C DA SILVA

PD

04/20/2006

Electronic Signature of Signing Officer or Director

Date