



**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N04000009045</b> 1. Entity Name <b>WORLD MISSIONS INFORMATION CENTER, INC.</b>	
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Principal Place of Business <b>11399 LAKEVIEW DRIVE UNIT 7 BLDG B CORAL SPRINGS, FL 33071</b>	Mailing Address <b>11399 LAKEVIEW DRIVE UNIT 7 BLDG B CORAL SPRINGS, FL 33071</b>
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**DO NOT WRITE IN THIS SPACE**



03242007 No Chg-NP CR2E037 (4/06)

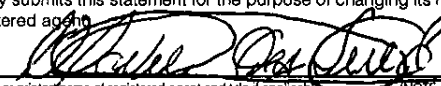
4. FEI Number <b>20-1645544</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

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IN THIS SPACE**

**8.** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  **03/10/2007**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

**9. Election Campaign Financing** ☐ **\$5.00** May Be Added to Fees  
Trust Fund Contribution.

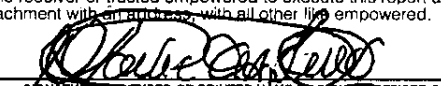
**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DA SILVA, JOA C 11399 LAKEVIEW DRIVE UNIT 7 BLDG B CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DA SILVA, MAHELI C 11399 LAKEVIEW DRIVE UNIT 7 BLDG B CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DA SILVA, JENIFER C 11399 LAKEVIEW DRIVE UNIT 7 BLDG B CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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000000682926  
04/05/07-80023-008 61.25

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an attachment with all other lines empowered.

SIGNATURE:  **03/10/2007**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #