

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009948

FILED
May 10, 2007
Secretary of State

Entity Name: KINGDOM INTERNATIONAL UNIVERSITY, INC

Current Principal Place of Business:

9488 SW 154 AV
MIAMI, FL 33196 US

New Principal Place of Business:

8250 NW 27 ST,
SUITE # 307
DORAL, FL 33122 US

Current Mailing Address:

PO BOX 960580
MIAMI, FL 33296 US

New Mailing Address:

8250 NW 27 ST
SUITE # 307
DORAL, FL 33122 US

FEI Number: 20-1774546 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

TOVAR, LUIS G DR.
9488 SW 154 AV.
MIAMI, FL 33196 US

Name and Address of New Registered Agent:

TOVAR, LUIS G DR.
8250 NW ST 27
SUITE # 307
DORAL, FL 33122 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: DR.LUIS GABRIEL TOVAR

05/10/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TOVAR, LUIS G DR.
Address: 9488 SW 154 AV.
City-St-Zip: MIAMI, FL 33196 US

Title: VP-A () Delete
Name: TOVAR LISCANO, SABAA MRS.
Address: 9488 SW 154 AV.
City-St-Zip: MIAMI, FL 33196 US

Title: SD () Delete
Name: TOVAR, SABAA E MISS.
Address: 9488 SW 154 AV.
City-St-Zip: MIAMI, FL 33196 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: DR. LUIS GABRIEL TOVAR

PRE

05/10/2007

Electronic Signature of Signing Officer or Director

Date