2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011715

City-St-Zip:

Entity Name: HOLY INTERNATIONAL MISSION OF ZION, INC.

FILED Feb 11, 2005 Secretary of State

Current Principal Place of Business:			New Prin	New Principal Place of Business:		
750 S ORANGE BLOSSOM TRAIL SUITE 144 ORLANDO, FL 32805			SUITE 14	750 S ORANGE BLOSSOM TRAIL SUITE 144 ORLANDO, FL 32805		
Current Mailing Address:			New Mai	New Mailing Address:		
750 S ORANGE BLOSSOM TRAIL SUITE 144 ORLANDO, FL 32805			SUITE 14	750 S ORANGE BLOSSOM TRAIL SUITE 144 ORLANDO, FL 32805		
FEI Number:	20-2036386	FEI Number Applied For ()	FEI Number Not App	plicable () Certificate of Status Desired (X)		
Name and	Address of C	Current Registered Agent:	Name an	d Address of New Registered Agent:		
MERALUS, DELINX 750 S ORANGE BLOSSOM TRAIL SUITE 144 ORLANDO, FL 32805 US			750 S OR SUITE 14	MERALUS, DELINX 750 S ORANGE BLOSSOM TRAIL SUITE 144 ORLANDO, FL 32805 US		
The above in the State		submits this statement for the po	urpose of changing	its registered office or registered agent, or both,		
SIGNATURE: DELINX MERALUS				02/11/2005		
	Electron	ic Signature of Registered Age	nt	Date		
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	MERALUS, DEI	BLOSSOM TRAIL SUITE 144	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	SAINT CYR, GE	BLOSSOM TRAIL SUITE 144	Title: Name: Address: City-St-Zip:	VD (X) Change () Addition SHEILA, ROBERTS 750 S ORANGE BLOSSOM TRAIL SUITE 144 ORLANDO, FL 32805		
Title: Name: Address: City-St-Zip:	MERALUS, JOH	BLOSSOM TRAIL SUITE 144	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	ACCO () Change (X) Addition BIRD, DONNA 750 SOUTH ORANGE BLOSSOM TRAIL, SUITE 144 ORLANDO, FL 32805		
Title:						

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

City-St-Zip:

ORLANDO, FL 32805

SIGNATURE: DELINX MERALUS DPT 02/11/2005