2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007
Secretary of State

DOCUMENT# N05000001577

Entity Name: HEAD OF NATIONS INTERNATIONAL MISSION INC

Current Principal Place of Business:

12555 NW 54TH COURT
CORAL SPRINGS, FL 33076

New Principal Place of Business:

Current Mailing Address:

12555 NW 54TH COURT
CORAL SPRINGS, FL 33076

New Mailing Address:

FEI Number: 20-2184903 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CSG - CAPITAL SERVICES GROUP INC
822 SE 9TH ST
PALM PLAZA
DEERFIELD BEACH, FL 33441 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: ABREU, PAULO C
Address: 12555 NW 54TH COURT
City-St-Zip: CORAL SPRINGS, FL 33076

Title: VP ( ) Delete
Name: ABREU, DEBORA C
Address: 12555 NW 54TH COURT
City-St-Zip: CORAL SPRINGS, FL 33076

Title: T ( ) Delete
Name: CASTILHO, VALERIA T
Address: 2740 FOREST HILL BLVD #203
City-St-Zip: CORAL SPRINGS, FL 33065

Title: S ( ) Delete
Name: ALBUQUERQUE, EDILSON L
Address: 597 NE 47TH ST LOT 427
City-St-Zip: POMPANO BEACH, FL 33064

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:

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: PAULO C. ABREU PRES 04/25/2007

Electronic Signature of Signing Officer or Director — Date