2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003126

FILED Apr 13, 2006 Secretary of State

Entity Name: VISION WORLD MISSION INTERNATIONAL, CORP.

Current Principal Place of Business: New Principal Place of Business:

3013 W. MEADOW AVENUE TAMPA, FL 33611

Current Mailing Address: New Mailing Address:

3013 W. MEADOW AVENUE TAMPA, FL 33611

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CHRIST REVELATION MINISTRIES, INC.
3014 W.MEADOW AVENUE
TAMPA, FL 33611 US
CHRIST REVELATION MINISTRIES, INC.
3013 W.MEADOW AVENUE
TAMPA, FL 33611 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: MARTINE N. KANYINDA 04/13/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: () Change () Addition

 Name:
 KANYINDA, TUMBA
 Name:

 Address:
 3014 W. MEADOW AVENUE
 Address:

 City-St-Zip:
 TAMPA, FL 33611
 City-St-Zip:

Title: SEC () Delete Title: SEC (X) Change () Addition

 Name:
 WHITE, SAMUEL
 Name:
 WHITE, AURORA

 Address:
 2505 W. 18TH AVENUE
 Address:
 2505 W. 18TH AVENUE

 City-St-Zip:
 TAMPA, FL 33605
 City-St-Zip:
 TAMPA, FL 33605

 $\label{eq:title: VP (x) Delete Title: VP (X) Change () Addition} \end{minipage}$

Name: BANZA, KABWE Name: MARRERO, COREY
Address: 3013 W. MEADOW AVENUE Address: 3013 W. MEADOW AVENUE

City-St-Zip: TAMPA, FL 33611 City-St-Zip: TAMPA, FL 33611

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: MARTINE N. KANYINDA D 04/13/2006