


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 13, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000004343		
1. Entity Name THE ANGEL OF THE EPHEBUS MISSIONARY INTERNATIONAL, INC.		
Principal Place of Business 3130 NE 5 AVENUE POMPANO BEACH, FL 33064	Mailing Address 3290 NW 39TH STREET LAUDERDALE LAKES, FL 33309	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ERMILUS, CLAUDE 3290 NW 39TH STREET LAUDERDALE LAKES, FL 33309		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$81.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERMILUS, CLAUDE 3081 NE 11TH AVE POMPANO BEACH, FL 33064	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIL, MARIE M 850 NW 38 CT POMPANO BEACH, FL 33064	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DURAME, YBAIN 3400 NW 50 AVE LAUDERDALE LAKES, FL 33309	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERMILUS-VERTIL, GUERDA 3130 NE 5TH AVE POMPANO BEACH, FL 33064	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 address, with all other like empowered.		
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		05-09-08 <small>Date Daytime Phone #</small>



05082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 84-1678901	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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06/04/08-80020-009 61.25