2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # N05000004746 Mar 15, 2007 08:00 A 1. Entity Namo **Secretary of State** WORLD TRUMPET MISSION AMERICA, INC. Principal Place of Business Mailing Address 123 HAND ST 123 HAND ST KISSIMMEE FL 34741 KISSIMMEE FL 34741 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, otc. Suite, Apt. #, otc. 1st MOORE CR2E037 (10/06) City & State City & State 4. FEI Number Applied For 20-2925426 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DANIEL, GARDNER M DPST Street Address (P.O. Box Number is Not Acceptable) 3190 TIMUCUA CIRCLE ORLANDO FL 32837 City Zip Code 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 Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signatura required when teinstailing) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Due By May 1, 2007 Trust Fund Contribution Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ■ Addition TITLE DPST TAFLE ☐ Change ☐ Delete U00000668587 NAMI DANIEL, GARDNER M STREET ADDRESS 03/27/07-80036-017 61.25 STREET ADDRESS 3190 TIMUCUA CIRCLE CITY-ST-7IP ORLANDO FL 32837 CHY-S1-ZIP ☐ Change ☐ Addition TATE D ☐ Delete NAME MULINDE, JOHN STREET ADDRESS STREET ADDRESS 3 ST GILES HOUSE, 56 STATION ROAD CITY-ST-ZIP NEW BARNET, EN 51QX CITY-ST-ZIP ☐ Change ☐ Addition THE ☐ Delete STRINGER, DOUG STREET ADDRESS STRUCT ADDRESS 5005 W. 34TH ST CITY-S1-ZIP CITY-ST-ZIP **HOUSTON TX 77092** ☐ Change Addition ☐ Delete NAME NAMI STREEL ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ■ Addition 11TLE ☐ Delete TOTALE ☐ Change NAMI NAME STREET LADDRESS STRUFT ADDRESS CITY-ST-ZIP CITY-ST-ZIP **Change** ☐ Addition HILL ☐ Delete NAME STREET ADDRESS STRUCT ADDRESS CITY-SI-7P CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; that I am an officer or director of the corporation or the receiver or trusted 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

CNATHIRE AND TYPES OF REMITED NAME OF PROMING OFFICED OR DIRECTOR

3/8/07

(407)846-8300

Daylime Phone #