2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: MASCAREEN COHEN INTERNATIONAL MINISTRIES, INC.

Current Principal Place of Business:

1017 EMILY'S WALK LANE E
JACKSONVILLE, FL 32221

New Principal Place of Business:

Current Mailing Address:

1017 EMILY'S WALK LANE E
JACKSONVILLE, FL 32221

New Mailing Address:

FEI Number: 20-3344679 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COHEN, MASCAREEN
1017 EMILY'S WALK LANE E
JACKSONVILLE, FL 32221 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: PD
Name: COHEN, MASCAREEN
Address: 1017 EMILY'S WALK LANE E
City-St-Zip: JACKSONVILLE, FL 32221

Title: TD
Name: COHEN, EARL
Address: 2349 MCCARTY DRIVE
City-St-Zip: JACKSONVILLE, FL 32210

Title: SD
Name: LOPEZT, MANUEL
Address: 2011 WEST 11TH STREET
City-St-Zip: JACKSONVILLE, FL 32221

Title: VD
Name: JORDAN, BERNARD E BISHOP
Address: 1 HIGH MEADOW
City-St-Zip: SADDLE RIVER, NJ 07458

Title: D
Name: BEASLEY, DEBRA D D
Address: 5002 LOFTY PINES CIRCLE EAST
City-St-Zip: JACKSONVILLE,, FL 32210 D

I hereby 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 all other like empowered.

SIGNATURE: MASCAREEN COHEN PD 04/17/2011

Electronic Signature of Signing Officer or Director — Date