

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


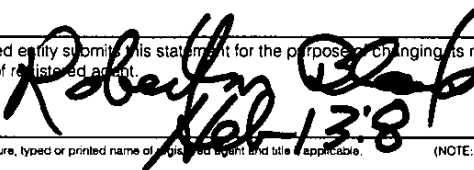
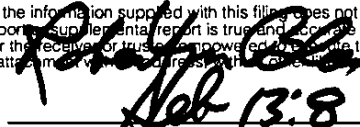
**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90412 031 \*\*\*\*70.00

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04202006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # N05000012568</b>					
1. Entity Name TEEN MISSIONS IN ZAMBIA, INC.					
Principal Place of Business 885 E HALL RD MERRITT ISLAND, FL 32953			Mailing Address 885 E HALL RD MERRITT ISLAND, FL 32953		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-4078740	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BLAND, ROBERT M 293 LAUREN CT MERRITT ISLAND, FL 32952			Name Robert M. Bland		
			Street Address (P.O. Box Number is Not Acceptable) 885 E. Hall Rd.		
			City Merritt Island FL Zip Code 32953		
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  Robert M. Bland 4/21/06 Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bland, Robert M		NAME		
STREET ADDRESS	293 Lauren Ct		STREET ADDRESS		
CITY-ST-ZIP	Merritt Island FL 32952		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vanderpool, Katherine S		NAME		
STREET ADDRESS	885 E Hall Rd		STREET ADDRESS		
CITY-ST-ZIP	Merritt Island FL 32953		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Will, Gayle		NAME		
STREET ADDRESS	491 Seacrest Ave		STREET ADDRESS		
CITY-ST-ZIP	Merritt Island FL 32953		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lane, Robert G		NAME		
STREET ADDRESS	305 Bahama Dr		STREET ADDRESS		
CITY-ST-ZIP	Merritt Island FL 32952		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Petersen, Doug		NAME		
STREET ADDRESS	885 E Hall Rd		STREET ADDRESS		
CITY-ST-ZIP	Merritt Island FL 32953		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Petersen, Barb		NAME		
STREET ADDRESS	885 E Hall Rd		STREET ADDRESS		
CITY-ST-ZIP	Merritt Island FL 32953		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 is true and correct 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 to this report as required by Chapter 617, Florida Statutes.					
SIGNATURE:  Robert M. Bland 4/21/06 321-453-0350 SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					