


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90129 014 ****70.00

DOCUMENT # N05000012593	
1. Entity Name TEEN MISSIONS IN MALAWI, INC.	

Principal Place of Business 885 E. HALL RD. MERRITT ISLAND, FL 32953	Mailing Address 885 E. HALL RD. MERRITT ISLAND, FL 32953
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04162008 Chg-NP CR2E037 (12/06)

4. FEI Number 20-4079747	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
BLAND, ROBERT M 885 EAST HALL ROAD MERRITT ISLAND, FL 32953

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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	<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE
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Filing Fee is \$61.25 Due by May 1, 2008	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
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10. OFFICERS AND DIRECTORS	
TITLE	NAME
PD	BLAND, ROBERT M
STREET ADDRESS	293 LAUREN COURT
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
<input type="checkbox"/> Delete	
TITLE	NAME
VPD	VANDERPOOL, KATHERINE S
STREET ADDRESS	885 EAST HALL ROAD
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
<input type="checkbox"/> Delete	
TITLE	NAME
SD	WILL, GAYLE
STREET ADDRESS	491 SEACREST AVENUE
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
<input type="checkbox"/> Delete	
TITLE	NAME
D	LANE, ROBERT G
STREET ADDRESS	305 BAHAMA DRIVE
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
<input type="checkbox"/> Delete	
TITLE	NAME
TD	WYLIE, HENI
STREET ADDRESS	885 EAST HALL ROAD
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
<input type="checkbox"/> Delete	
TITLE	NAME
D	WYLIE, MAT
STREET ADDRESS	885 EAST HALL ROAD
CITY-ST-ZIP	MERRITT ISLAND, FL 32953
<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME
<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME
<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 officers and directors.

SIGNATURE:	<i>Robert M Bland</i>	DATE:	April 18, 08 (321) 453 0350
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			