

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000499

FILED
Apr 18, 2007
Secretary of State

Entity Name: ARISE,SHINE INTERNATIONAL MINISTRIES, INC.

Current Principal Place of Business:

1218 NIMBUS DR
N PORT, FL 34287

New Principal Place of Business:

13588 TAMiami TRAIL
NORTH PORT, FL 34287

Current Mailing Address:

1218 NIMBUS DR
N PORT, FL 34287

New Mailing Address:

1218 NIMBUS DR
NORTH PORT, FL 34287

FEI Number: 26-0135690

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOOLEY, JAMES P
1218 NIMBUS DR
N PORT, FL 34287 US

Name and Address of New Registered Agent:

DOOLEY, JAMES P
1218 NIMBUS DR
NORTH PORT, FL 34287 US

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:

04/18/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DOOLEY, JAMES P
Address: 1218 NIMBUS DR
City-St-Zip: N PORT, FL 34287

Title: SD () Delete
Name: DOOLEY, ROSANNE C
Address: 1218 NIMBUS DR
City-St-Zip: N PORT, FL 34287

Title: TD () Delete
Name: RAMOS, JESSE
Address: 1218 NIMBUS DR
City-St-Zip: N PORT, FL 34287

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DOOLEY, JAMES P
Address: 1218 NIMBUS DR
City-St-Zip: NORTH PORT, FL 34287

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JAMES P. DOOLEY

PD

04/18/2007

Electronic Signature of Signing Officer or Director

Date