## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000002269

FILED Apr 22, 2009 Secretary of State

Entity Name: INDIA NEW HOPE INTERNATIONAL MINISTRIES INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
10310 CHC ORLANDO	RLTON CIR , FL 32832					
Current Ma	ailing Address	s:	New Maili	New Mailing Address:		
P.O. BOX 771182 ORLANDO, FL 32877				P.O. BOX 452834 KISSIMMEE, FL 34745 US		
FEI Number:	El Number: 71-1006482 FEI Number Applied For() FEI N		FEI Number Not App	licable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and	Address of N	New Registered Agent:	
10310 CHC ORLANDO	named entity s	US ubmits this statement for the pu	irpose of changing i	its registered c	office or registered agent, or both,	
SIGNATUR		O'constant Desistant Assess			D. I.	
Electronic Signature of Registered Agent				Date		
OFFICERS	AND DIRECT	ORS:	ADDITION	IS/CHANGES	TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () THOMAS, VARG 10310 CHORLTO ORLANDO, FL	ON CIR	Title: Name: Address: City-St-Zip:	( )	) Change ()Addition	
Title: Name: Address: City-St-Zip:	V () PHILIP, REJI 5222 ST LUCIA LAKELAND, FL		Title: Name: Address: City-St-Zip:	SD (X PHILIP, REJI 5222 ST LUCIA LAKELAND, FL		
Title: Name: Address: City-St-Zip:	SD () KURIAN, GIJI 10224 CHORLTO ORLANDO, FL		Title: Name: Address: City-St-Zip:	V (X KURIAN, GIJI 10224 CHORL ORLANDO, FL		
Title: Name: Address: City-St-Zip:	D () KURIAN, SAJI 246 PARADISE DAVENPORT, FI		Title: Name: Address: City-St-Zip:		) Change ()Addition	
Title: Name: Address: City-St-Zip:	TD () MATHEW, SAJIM 318 BLUE BAYO KISSIMMEE, FL	oU .	Title: Name: Address: City-St-Zip:	( )	) Change ()Addition	
Title: Name: Address: City-St-Zip:	C (X) MATHEW, JHON 3725 BROOKMY ORLANDO, FL	'RA DR	Title: Name: Address: City-St-Zip:	( )	) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify 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: SAJIMON MATHEW TD 04/22/2009