

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009345

FILED
Jan 24, 2008
Secretary of State

Entity Name: THE KINGDOM CENTER INTERNATIONAL, INC.

Current Principal Place of Business:

720 S. MAIN STREET
A & B
LA BELLE, FL 33935

New Principal Place of Business:

Current Mailing Address:

8024 BUTTERCUP CIRCLE
LA BELLE, FL 33935

New Mailing Address:

P.O. BOX 2895
LA BELLE, FL 33975

FEI Number: 20-5489384

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAFT, SHANNON L
8024 BUTTERCUP CIRCLE
LA BELLE, FL 33935 US

Name and Address of New Registered Agent:

CRAFT, SHANNON L
435 5TH AVE
LA BELLE, FL 33935 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: SHANNON CRAFT

01/24/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CRAFT, SHANNON L
Address: 8024 BUTTERCUP CIRCLE
City-St-Zip: LA BELLE, FL 33935

Title: D () Delete
Name: CRAFT, NICHOLE L
Address: 8024 BUTTERCUP CIRCLE
City-St-Zip: LA BELLE, FL 33935

Title: D () Delete
Name: CRAFT, LINDA R
Address: 4031 W. SUNFLOWER CIR.
City-St-Zip: LA BELLE, FL 33935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CRAFT, SHANNON L
Address: P.O. BOX 2895
City-St-Zip: LA BELLE, FL 33975

Title: D (X) Change () Addition
Name: CRAFT, NICHOLE L
Address: P.O. BOX 2895
City-St-Zip: LA BELLE, FL 33975

Title: D (X) Change () Addition
Name: CRAFT, LINDA R
Address: P.O. BOX 1241
City-St-Zip: LA BELLE, FL 33975

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: SHANNON CRAFT

D

01/24/2008

Electronic Signature of Signing Officer or Director

Date