2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N06000009363

Entity Name: JOURNEY INTERNATIONAL, INC.

Current Principal Place of Business:

202 JEFFERSON ST
HANIES CITY, FL 33844

New Principal Place of Business:

1149 1ST STREET SE
WINTER HAVEN, FL 33880

Current Mailing Address:

P O BOX 3081
WINTER HAVEN, FL 33885

New Mailing Address:

FEI Number: 20-5368511 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CLAY, JUANITA
342 7TH ST SW
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	CLAY, JUANITA	
Address:	342 7TH STREET SW	
City-St-Zip:	WINTER HAVEN, FL 33880	
Title:	D	( ) Delete
Name:	ANTHONY, JENNIFER	
Address:	200 S 4TH ST - APT 4	
City-St-Zip:	LAKE WALES, FL 33853	
Title:	D	( ) Delete
Name:	CLAY, LAUIRSA W	
Address:	900 E BAY ST	
City-St-Zip:	BARTOW, FL 33830	
Title:	D	( ) Delete
Name:	CLAY, RAYMOND R	
Address:	PO BOX 3081	
City-St-Zip:	WINTER HAVEN, FL 33885	
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		
Title:		( ) Delete
Name:		
Address:		
City-St-Zip:		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	( ) Change (X) Addition
Name:	THOMPSON, VERN D	
Address:	1010 OHIO STREET	
City-St-Zip:	LAKELAND, FL 33809	
Title:	D	( ) Change (X) Addition
Name:	MCNEAL, KIA	
Address:	2479 MYRTLE AVENUE	
City-St-Zip:	HAINES CITY, FL 33844	

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: PRESIDENT/JUANITA CLAY RA 04/30/2009

Electronic Signature of Signing Officer or Director — Date