2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2007
Secretary of State

DOCUMENT# N06000009382

Entity Name: HIM JESUS INTERNATIONAL INC.

Current Principal Place of Business:

438 NORTH WEST 20TH AVE
FORT LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

409 NORTH WEST 20TH AVE
FORT LAUDERDALE, FL 33311

New Mailing Address:

FEI Number: 20-5309556 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DOCUMENTS CENTER INC.
4050 NORTH WEST 35TH WAY
LAUDERDALE LAKES, FL 33309 US

Name and Address of New Registered Agent:

DOCUMENTS CENTER INC.
7014 NORTH WEST 79TH AVE
TAMARAC, FL 33321 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: BETTY J. GILMORE 08/28/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: WILKERSON, LINDA D
Address: 409 NORTHWEST 20TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: DV ( ) Delete
Name: WILKERSON, TRAYCE
Address: 2041 SOUTH WEST 33RD AVE
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: DT ( ) Delete
Name: WILKERSON, CHARLES
Address: 438 NORTHWEST 20TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: DS ( ) Delete
Name: JACKSAINT, TIFFANY R
Address: 5781 RIVERSIDE DRIVE #202
City-St-Zip: CORAL SPRINGS, FL 33067

Title: D ( ) Delete
Name: WILKERSON, DALE W
Address: 438 NORTH WEST 20TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: D ( ) Delete
Name: BROOKS, PATRICIA A
Address: 2436 NORTH WEST 27TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33311

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: ( ) 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 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: BETTY J. GILMORE RA 08/28/2007
Electronic Signature of Signing Officer or Director Date