

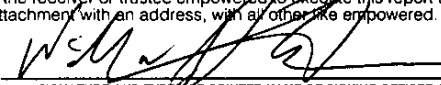


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000009736 1. Entity Name TRUEVINE INT'L MINISTRIES, INC.				<div style="font-size: 24px; font-weight: bold;">FILED</div> <div style="font-size: 18px;">07 MAR 30 AM 10:24</div> <div style="font-size: 14px;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 1949 PORTLAND AVE. TALLAHASSEE, FL 32303		Mailing Address 1949 PORTLAND AVE. TALLAHASSEE, FL 32303			
2. Principal Place of Business - No P.O. Box # 1567 B Jacks Dr. Suite, Apt. #, etc.		3. Mailing Address 1567 B Jacks Dr. Suite, Apt. #, etc.			
City & State Tallahassee FL. Zip 32303 Country LEON		City & State Tallahassee FL. Zip 32303 Country LEON			
4. FEI Number		03212007 Chg-NP		CR2E037 (12/06)	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent HUDSON, WILLIAM F 1949 PORTLAND AVE. TALLAHASSEE, FL 32303			7. Name and Address of New Registered Agent Name Hudson, William F. Street Address (P.O. Box Number is Not Acceptable) 1567 B Jacks Dr. City Tallahassee FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PF HUDSON, WILLIAM F 1949 PORTLAND AVE. TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Hilton Shaffer 22 Grant Rd. HAVANA, FL 32333	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCF HUDSON, QUARALEND 1949 PORTLAND AVE. TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PF Hudson, William F. 1567 B Jacks Dr. Tallahassee FL 32303	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STALLWORTH, TRACEY 1949 PORTLAND AVE. TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCF Hudson, Quaralend R. 1567 B Jacks Dr. Tallahassee, FL 32303	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CRUMP, CHARLENE 1949 PORTLAND AVE. TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Charlene Crump 8333 Lesley St Tallahassee FL 32305	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	N. Nora Gavitt 219 Marie Circle Crawfordville, Fla 32327	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200096013192 04/06/07--01052--002 ***70.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			3/30/07 850-385-1087 <small>Date Daytime Phone #</small>		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					