


FILED  
May 16, 2008 8:00 am  
Secretary of State

04-07-2008 90036 027 \*\*\*\*61.25

2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # N07000003003			
1. Entity Name CHOUCHOU MINISTRY PRODUCTION, INC.			
Principal Place of Business 1209 N PINE HILLS RD ORLANDO, FL 32808		Mailing Address PO BOX 585064 ORLANDO, FL 32858	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FBI Number 20-8710097		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01232008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent PIERRE, WISLY N 6212 GAMBLE DRIVE ORLANDO, FL 32808		7. Name and Address of New Registered Agent Name <u>Anne G. Pierre</u> Street Address (P.O. Box Number is Not Acceptable) <u>6212 Gamble Dr</u> City <u>Orlando</u> FL Zip Code <u>32808</u>	
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 <u>[Signature]</u> Wisly Pierre <u>Anne G. Pierre</u> DATE <u>5-5-08</u> <small>Signature, typed or printed name of registered agent and also if applicable (NOTE: Registered Agent signature required when registering)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		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 <u>President</u> <input type="checkbox"/> Delete NAME <u>Wisly N. Pierre</u> STREET ADDRESS <u>6212 Gamble Dr Orlando FL 32808</u> CITY-STATE-ZIP		TITLE <u>Vice President</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <u>Anne Pierre</u> STREET ADDRESS <u>6212 Gamble Dr Orlando FL 32808</u> CITY-STATE-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-STATE-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-STATE-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-STATE-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-STATE-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-STATE-ZIP	
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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>2-19-08</u> 107-4898377 Daytime Phone #	