2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005226

Entity Name: HISPANIC INTERNATIONAL MISSIONS, INC.

FILED Feb 11, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2936 INDIAN WOODS TRAIL 850 AVE Y N.W.

LAKELAND, FL 33810 WINTER HAVEN, FL 33881

Current Mailing Address: New Mailing Address:

850 AVE Y N.W. 2936 INDIAN WOODS TRAIL

LAKELAND, FL 33810 WINTER HAVEN, FL 33881

FEI Number: 45-0564239 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SEIVER, RANDALL O SEIVER, RANDALL O 2936 INDIAN WOODS TRAIL 502 TIMBER BAY CIRCLE W LAKELAND, FL 33810 OLDSMAR, FL 34677

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.

Title:

SIGNATURE: 02/11/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete SEIVER, RANDALL O SEIVER, RANDALL O Name: Name: Address: 2936 INDIAN WOODS TRAIL Address: 502 TIMBER BAY CIRCLE W

City-St-Zip: LAKELAND, FL 33810 City-St-Zip: OLDSMAR, FL 34677 US

(X) Change () Addition SEIVER, VICTORIA L Name: Name: SEIVER, VICTORIA L Address: 2936 INDIAN WOODS TRAIL Address: 502 TIMBER BAY CIRCLE W City-St-Zip: LAKELAND, FL 33810 City-St-Zip: OLDSMAR, FL 34677 US

Title: () Delete Title: () Change () Addition

FAGEN, RANDOLPH C Name: Name: 850 AVENUE Y N.W. Address: Address: City-St-Zip: WINTE HAVEN, FL 33881 City-St-Zip:

() Delete

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: RANDALL O. SEIVER DIR 02/11/2008