2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2008
Secretary of State

DOCUMENT# N07000006506

Entity Name: COMPASSION IN ACTION INT'L, INC.

Current Principal Place of Business:

1654 NW 17 TERRACE
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

1654 NW 17 TERRACE
HOMESTEAD, FL 33030

New Mailing Address:

FEI Number: 26-0449044 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REYES-WILLIAMS, PALMIRA
1654 NW 17 TERRACE
HOMESTEAD, FL 33030 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: REYES, DAVID
Address: 13290 SW 144 TERRACE
City-St-Zip: MIAMI, FL 33186

Title: VP ( ) Delete
Name: BLACK, RANDALL
Address: 261 COOPER DRIVE
City-St-Zip: STUARTS DRAFT, VA 24477

Title: S ( ) Delete
Name: REYES-WILLIAMS, PALMIRA
Address: 1654 NW 17 TERRACE
City-St-Zip: HOMESTEAD, FL 33030

Title: T ( ) Delete
Name: GLEASON, MARY ANN
Address: 9846 HAMMOCKS BLVD. UNIT #106
City-St-Zip: MIAMI, FL 33196

Title: D ( ) Delete
Name: BOYERS, RALPH S
Address: 261 COOPER DR
City-St-Zip: STUARTS DRAFT, VA 24477

Title: D ( ) Delete
Name: REYES, MARIE
Address: 13290 SW 144 TERR
City-St-Zip: MIAMI, FL 33186

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: PALMIRA REYES-WILLIAMS SEC 01/05/2008

Electronic Signature of Signing Officer or Director — Date