

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003675

FILED
Apr 12, 2009
Secretary of State

Entity Name: NEPHILIM UNITED PRODUCTIONS, INC.

Current Principal Place of Business:

798 BAYOU DRIVE
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

798 BAYOU DRIVE
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 26-2598654

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURNS, MICHAEL T
419 E STREET
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

PRARIA, CHRISTINE M
798 BAYOU DR.
CASSELBERRY, FL 32707 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: CHRISTINE M. RRARIA

04/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PRARIA, CHRISTINE M
Address: 798 BAYOU DRIVE
City-St-Zip: CASSELBERRY, FL 32707

Title: VP () Delete
Name: BOYCE, WILMA L
Address: 419 E STREET
City-St-Zip: CASSELBERRY, FL 32707

Title: S () Delete
Name: BURNS, MICHAEL T
Address: 419 E STREET
City-St-Zip: CASSELBERRY, FL 32707

Title: T () Delete
Name: HEIDEMAN, WILLA
Address: 183 PINE KNOLL CT.
City-St-Zip: CASSELBERRY, FL 32707

Title: CIO () Delete
Name: PALESTINA, MARC
Address: 9765 GAULT STREET
City-St-Zip: ORLANDO, FL 32836

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: BOYCE, WILMA L
Address: 440 STULTZ RD.
City-St-Zip: FAIRFIELD, PA 17320

Title: S (X) Change () Addition
Name: BURNS, MICHAEL T
Address: 440 STULTZ RD.
City-St-Zip: FAIRFIELD, PA 17320

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CIO (X) Change () Addition
Name: PALESTINA, MARC
Address: 5136 DOCKSIDE DR
City-St-Zip: ORLANDO, FL 32822

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: WILMA BOYCE

VP

04/12/2009

Electronic Signature of Signing Officer or Director

Date