

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jun 15, 2009
Secretary of State**

DOCUMENT# N08000005431

Entity Name: KINGDOMIZER MISSION ALLIANCE, INC

Current Principal Place of Business:

13700 HAWK LAKE DR.
ORLANDO, FL 32837

New Principal Place of Business:

Current Mailing Address:

13700 HAWK LAKE DR.
ORLANDO, FL 32837

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CHA, GEUM O
13700 HAWK LAKE DR.
ORLANDO, FL 32837 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEE, ESTHER H
Address: 3263 JACK RUSSELL RUN
City-St-Zip: LILBURN, GA 30047

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

Title: CFO () Delete
Name: CHA, GEUM O
Address: 13700 HAWK LAKE DR.
City-St-Zip: ORLANDO, FL 32837

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

Title: VP () Delete
Name: LEE, BANG SEOK
Address: 3565 GREENVIEW DR.
City-St-Zip: LAWRENCEVILLE, GA 30044

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

Title: SEC () Delete
Name: CHA, GEUM O
Address: 13700 HAWK LAKE DR.
City-St-Zip: ORLANDO, FL 32837

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: GINACHA

P

06/15/2009

Electronic Signature of Signing Officer or Director

Date