2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007
Secretary of State

DOCUMENT# N27547

Entity Name: TENTMAKING FOR CHIRST INTERNATIONAL, INC.

Current Principal Place of Business:

813 N. SCOTT LAKE VILLAGE
LAKELAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

813 N. SCOTT LAKE VILLAGE
LAKELAND, FL 33813

New Mailing Address:

FEI Number: 59-2905296 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUBBARD, DONALD R.
813 N. SCOTT LAKE VILLAGE
LAKELAND, FL 33813 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: PD ( ) Delete
Name: HUBBARD, DONALD R.,
Address: 813 N. SCOTT LK. VILLAGE
City-St-Zip: LAKELAND, FL

Title: VP ( ) Delete
Name: HUBBARD, STEPHEN R.
Address: 2575 OLD CLEAR POND RD
City-St-Zip: CONWAY, SC 29526

Title: SD ( ) Delete
Name: HUBBARD, ROSE M.,
Address: 813 N. SCOTT LK VILLAGE
City-St-Zip: LAKELAND, FL

Title: TD ( ) Delete
Name: RIESS, BOB
Address: 4310 OLD COLONY ROAD
City-St-Zip: MULBERRY, FL 33860

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT A. RIESS TD 02/15/2007

Electronic Signature of Signing Officer or Director — Date