2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005
Secretary of State

DOCUMENT# N40929

Entity Name: WORLD IN NEED INTERNATIONAL, INC.

Current Principal Place of Business:

215 CELEBRATION PL
SUITE 500
CELEBRATION, FL 34747

New Principal Place of Business:

Current Mailing Address:

215 CELEBRATION PL
SUITE 500
CELEBRATION, FL 34747

New Mailing Address:

FEI Number: 59-3048894 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HONEYCUTT, JOHN
215 CELEBRATION PLACE, SUITE 500
CELEBRATION, FL 34747 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:	HONEYCUTT, JOHN L III	
Address:	215 CELEBRATION PL, SUITE 500	
City-St-Zip:	CELEBRATION, FL 34747	
Title:	STD	( ) Delete
Name:	HONEYCUTT, CATHERINE L	
Address:	215 CELEBRATION PL, SUITE 500	
City-St-Zip:	CELEBRATION, FL 34747	
Title:	VD	( ) Delete
Name:	BENTON, MARTIN	
Address:	3005 BRADSHAW CLUB DR.	
City-St-Zip:	WOODSTOCK, GA 30188 US	
Title:	VD	( ) Delete
Name:	LIM, CELESTINO	
Address:	8201 BANDMOOR PLACE	
City-St-Zip:	LARGO, FL 33777 US	

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 Section 119.07(3)(i), 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: JOHN HONEYCUTT PD 01/10/2005
Electronic Signature of Signing Officer or Director — Date