

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40929

FILED
Apr 16, 2008
Secretary of State

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:

1420 CELEBRATION BLVD STE. 200
CELEBRATION, FL 34747

Current Mailing Address:

215 CELEBRATION PL
SUITE 500
CELEBRATION, FL 34747

New Mailing Address:

1420 CELEBRATION BLVD STE. 200
CELEBRATION, FL 34747

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:

HONEYCUTT, JOHN
1420 CELEBRATION BLVD, SUITE 200
CELEBRATION, FL 34747 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:

04/16/2008

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: VD () Delete
Name: MAPLE, MONTY
Address: 3030 THATCHER AVENUE
City-St-Zip: PUEBLO, CO 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 BARDMOOR PLACE
City-St-Zip: LARGO, FL 33777 US

Title: STD () Delete
Name: HONEYCUTT, CATHERINE L
Address: 786 OAK SHADOWS ROAD
City-St-Zip: CELEBRATION, FL 34747 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HONEYCUTT, JOHN L III
Address: 1420 CELEBRATION BLVD, SUITE 200
City-St-Zip: CELEBRATION, FL 34747

Title: VD (X) Change () Addition
Name: FREEMAN, DAN
Address: 786 OAK SHADOWS ROAD
City-St-Zip: CELEBRATION, FL 34747

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: JOHN HONEYCUTT

PD

04/16/2008

Electronic Signature of Signing Officer or Director

Date