

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40929

FILED  
Feb 19, 2010  
Secretary of State

Entity Name: WORLD IN NEED INTERNATIONAL, INC.

**Current Principal Place of Business:**

1420 CELEBRATION BLVD STE. 200  
CELEBRATION, FL 34747

**New Principal Place of Business:**

1420 CELEBRATION BLVD # 200  
CELEBRATION, FL 34747 US

**Current Mailing Address:**

1420 CELEBRATION BLVD STE. 200  
CELEBRATION, FL 34747

**New Mailing Address:**

1420 CELEBRATION BLVD # 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  
1420 CELEBRATION BLVD, SUITE 200  
CELEBRATION, FL 34747 US

**Name and Address of New Registered Agent:**

HONEYCUTT, JOHN  
1420 CELEBRATION BLVD # 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: JOHN HONEYCUTT

02/19/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: HONEYCUTT, JOHN  
Address: 1420 CELEBRATION BLVD # 200  
City-St-Zip: CELEBRATION, FL 34747 US

Title: VD  
Name: FREEMAN, DAN  
Address: PO BOX 7334-102836  
City-St-Zip: SAN FRANCISCO, CA 94120 US

Title: VD  
Name: BENTON, MARTIN  
Address: 3005 BRADSHAW CLUB DR.  
City-St-Zip: WOODSTOCK, GA 30188 US

Title: VD  
Name: LIM, CELESTINO  
Address: PO BOX 470455  
City-St-Zip: CELEBRATION, FL 34747 US

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

Title: STD  
Name: WRIGHT, JONATHON  
Address: 1420 CELEBRATION BLVD # 200  
City-St-Zip: CELEBRATION, FL 34747 US

I hereby 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 all other like empowered.

SIGNATURE: JOHN HONEYCUTT

PD

02/19/2010

Electronic Signature of Signing Officer or Director

Date