


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N93000001092**  
 1. Entity Name  
 OLIVE BRANCH INTERNATIONAL, INC.



Principal Place of Business      Mailing Address  
 2921 ST. ANDREWS DRIVE      2921 ST. ANDREWS DRIVE  
 FINDLAY, OH 45840 US      FINDLAY, OH 45840 US

**DO NOT WRITE IN THIS SPACE**



03182008 No Chg-NP CR2E037 (4/06)

4. FEI Number      Applied For  
 59-3173389      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 DUNKLE, ROBERT A  
 1057 ST JOHNS BLUFF ROAD N  
 JACKSONVILLE, FL 32225

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	DICKENS, BOBBY
STREET ADDRESS	PO BOX 198
CITY-ST-ZIP	BELIZE CITY, BELIZE, CA CNTRL
TITLE	STD
NAME	DICKENS, DENISE
STREET ADDRESS	PO BOX 198
CITY-ST-ZIP	BELIZE CITY, BELIZE, CA CNTRL
TITLE	VD
NAME	MILLER, D. RAY
STREET ADDRESS	7002 ROAD 5-F
CITY-ST-ZIP	LEIPSIC, OH 45856
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000886169  
 04/13/08-80044-017 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bobby R. Dickens      4/3/08      419-423-1556  
 Bobby R. Dickens      Date      Daytime Phone #