2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001092

Entity Name: OLIVE BRANCH INTERNATIONAL, INC.

FILED Apr 04, 2009 Secretary of State

| Current Principal Place of Business: New Principal Place of Business | Current Principal Place of Business: | New Principal Place of Business |
|--|--------------------------------------|---------------------------------|
|--|--------------------------------------|---------------------------------|

2921 ST. ANDREWS DRIVE FINDLAY, OH 45840 US

Current Mailing Address: New Mailing Address:

2921 ST. ANDREWS DRIVE FINDLAY, OH 45840 US

FEI Number: 59-3173389 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

DUNKLE, ROBERT A 1057 ST JOHNS BLUFF ROAD N JACKSONVILLE, FL 32225 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:

Clastrania Circatura of Danistana d Anast

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: DICKENS, BOBBY DICKENS, BOBBY

Address: PO BOX 198 Address: 105 TOSCANINI AVE., #521
City-St-Zip: BELIZE CITY, BELIZE, CA CNTRL City-St-Zip: SIERRA VISTA, AZ 85635

Title: STD () Delete Title: STD (X) Change () Addition

 Name:
 DICKENS, DENISE
 Name:
 DICKENS, DENISE

 Address:
 PO BOX 198
 Address:
 105 TOSCANINI. #521

Address: PO BOX 198 Address: 105 TOSCANINI, #521
City-St-Zip: BELIZE CITY, BELIZE, CA CNTRL City-St-Zip: SIERRA VISTA, AZ 85635

Title: VD () Delete Title: VD (X) Change () Addition

 Name:
 MILLER, D. RAY
 Name:
 MILLER, D. RAY

 Address:
 7002 ROAD 5-F
 Address:
 107 BLUE SKY

 City-St-Zip:
 LEIPSIC, OH 45856
 City-St-Zip:
 DESOTO, TX 75115

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: ALICE LAFONTAINE SEC 04/04/2009