2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004091

FILED Jaņ 26, 2<u>00</u>6 Secretary of State

Entity Name: CHRISTIAN INTERNATIONAL MINISTRIES, INC.

Current Principal Place of Business: New Principal Place of Business:

6963 SYLVAN WOODS DR 14281 CHAMBERS RD SANFORD, FL 32771 TUSTIN, CA 92780

Current Mailing Address: New Mailing Address:

PMB 212 PMB 593

931 N SR 434, STE 1201 1280 BISON AVENUE STE. B9 ALTAMONTE SPRINGS, FL 327147050 US NEWPORT BEACH, CA 92660 US

FEI Number: 59-3263838 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:

JOHNSON, LORAN A 215 N EOLÁ DR ORLANDO, FL 32801 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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete MCDONALD, NEVILLE G MCDONALD, NEVILLE G Name: Name: 6963 SYLVAN WOODS DR Address: 14281 CHAMBERS RD Address:

City-St-Zip: SANFORD, FL 32771 City-St-Zip: TUSTIN, CA 92780 US

Title: () Delete Title: (X) Change () Addition MCDONALD, WENDY A Name: MCDONALD, WENDY A Name: Address: 6963 SYLVAN WOODS DR Address: 14281 CHAMBERS RD City-St-Zip: SANFORD, FL 32771 City-St-Zip: TUSTIN, CA 92780 US

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

ROBERTS, FREDDIE L Name: ROBERTS, FREDDIE L Name: 6963 SYLVAN WOODS DR 14281 CHAMBERS RD Address: Address: City-St-Zip: SANFORD, FL 32771 City-St-Zip: TUSTIN, CA 92780 US

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

RAE, DOROTHEA M Name: RAE, DOROTHEA M Name: 6963 SYLVAN WOODS DR 14281 CHAMBERS RD Address: Address: City-St-Zip: SANFORD, FL 32771 City-St-Zip: TUSTIN, CA 92780 US

I hereby certify that the information supplied with this filing does not qualify for the 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: DOROTHEA RAE Т 01/26/2006