2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007
Secretary of State

DOCUMENT# N94000004091

Entity Name: CHRISTIAN INTERNATIONAL MINISTRIES, INC.

Current Principal Place of Business:

14281 CHAMBERS RD
TUSTIN, CA 92780 US

New Principal Place of Business:

Current Mailing Address:

PMB 593
1280 BISON AVENUE STE. B9
NEWPORT BEACH, CA 92660 US

New Mailing Address:

FEI Number: 59-3263838 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, LORAN A
215 N EOLA DR
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	MCDONALD, NEVILLE G	
Address:	14281 CHAMBERS RD	
City-St-Zip:	TUSTIN, CA 92780 US	
Title:	DPS	( ) Delete
Name:	MCDONALD, WENDY A	
Address:	14281 CHAMBERS RD	
City-St-Zip:	TUSTIN, CA 92780 US	
Title:	D	( ) Delete
Name:	ROBERTS, FREDDIE L	
Address:	14281 CHAMBERS RD	
City-St-Zip:	TUSTIN, CA 92780 US	
Title:	T	( ) Delete
Name:	RAE, DOROTHEA M	
Address:	14281 CHAMBERS RD	
City-St-Zip:	TUSTIN, CA 92780 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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 T 01/29/2007

Electronic Signature of Signing Officer or Director — Date