

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000005820

**FILED**  
**Apr 30, 2004**  
**Secretary of State****Entity Name:** DOMINION AMBASSADORS INTERNATIONAL, INC.**Current Principal Place of Business:**2701 W. OAKLAND PARK  
#305  
FORT LAUDERDALE, FL 33311**New Principal Place of Business:****Current Mailing Address:**PO BOX 101240  
FORT LAUDERDALE, FL 33311**New Mailing Address:****FEI Number:** 65-0559791**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**HEPBURN, ELKANAH  
2600 AVENUE "H" WEST  
RIVIERA BEACH, FL 33404 US**Name and Address of New Registered Agent:**HEPBURN, ELKANAH  
2600 AVENUE  
RIVIERA BEACH, FL 33404 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: DR. N. CINDY TRIMM

04/30/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: TRIMM, CINDY N  
Address: 2701 W OAKLAND PARK BLVD #305  
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: SD ( ) Delete  
Name: DUNCOMBE, WENDY  
Address: 2701 W. OAKLAND PARK BLVD. #305  
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: D ( ) Delete  
Name: WATSON, BERNADETTE  
Address: 5251 KIM COURT  
City-St-Zip: WEST PALM BEACH, FL

Title: DT ( ) Delete  
Name: LEAKEY, DEBBIE  
Address: 28 RAILWAY TRAIL  
City-St-Zip: DEVONSHIRE, BERMUDA,

Title: D ( ) Delete  
Name: HARLINGTON, HANNA DR  
Address: 2251 N FEDERAL HWY  
City-St-Zip: POMPANO BEACH, FL 33060

Title: D ( ) Delete  
Name: MARCELLE, LARRY  
Address: 1327 NW 87TH TERRACE  
City-St-Zip: CORAL SPRINGS, FL

**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:

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 Section 119.07(3)(i), 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: DR. N. CINDY TRIMM

P

04/30/2004

Electronic Signature of Signing Officer or Director

Date