

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State

05-31-2005 90003 003 ****61.25

DOCUMENT # N94000005820 1. Entity Name DOMINION AMBASSADORS INTERNATIONAL, INC.					
Principal Place of Business 2701 W. OAKLAND PARK #305 FORT LAUDERDALE, FL 33311				Mailing Address PO BOX 101240 FORT LAUDERDALE, FL 33311	
2. Principal Place of Business 2700 W Atlantic Blvd Suite, Apt. #, etc. Suite 204 City & State Pompano Beach, FL Zip 33069		3. Mailing Address P.O. Box 101240 Suite, Apt. #, etc. City & State Ft. Lauderdale, FL Zip 33310		4. FEI Number 65-0559791 Applied For <input type="checkbox"/> Not Applicable	
Country US		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HEPBURN, ELKANAH 2600 AVENUE RIVIERA BEACH, FL 33404				7. Name and Address of New Registered Agent Name Everlyn Martin Street Address (P.O. Box Number is Not Acceptable) 16230 100th Terrace City Miami FL 33197	
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 Everlyn Martin <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 5/10/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME TRIMM, CINDY N STREET ADDRESS 2701 W OAKLAND PARK BLVD #305 CITY-ST-ZIP FORT LAUDERDALE, FL 33311	<input type="checkbox"/> Delete		TITLE PD NAME N.Cindy Trimm STREET ADDRESS 2700 W Atlantic Blvd #204 CITY-ST-ZIP Pompano Beach, FL 33069	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME DUNCOMBE, WENDY STREET ADDRESS 2701 W. OAKLAND PARK BLVD. #305 CITY-ST-ZIP FORT LAUDERDALE, FL 33311	<input type="checkbox"/> Delete		TITLE SD NAME Wendy Williams STREET ADDRESS 2700 W Atlantic Blvd #204 CITY-ST-ZIP Pompanon Beach, FL 33069	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME WATSON, BERNADETTE STREET ADDRESS 5251 KIM COURT CITY-ST-ZIP WEST PALM BEACH, FL	<input checked="" type="checkbox"/> Delete		TITLE D NAME Clyde Judson STREET ADDRESS 155 S Miami Ave PH-1C CITY-ST-ZIP Miami, FL 33130	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DT NAME LEAKEY, DEBBIE STREET ADDRESS 28 RAILWAY TRAIL CITY-ST-ZIP DEVONSHIRE, BERMUDA,	<input type="checkbox"/> Delete		TITLE D NAME Everlyn Martin STREET ADDRESS 16230 SW 100th Terrace CITY-ST-ZIP Miami, FL 33196	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME HARLINGTON, HANNA DR STREET ADDRESS 2251 N FEDERAL HWY CITY-ST-ZIP POMPANO BEACH, FL 33060	<input type="checkbox"/> Delete		TITLE T NAME Deborah Trimm STREET ADDRESS 6 Dunscombe Lane Northshore CITY-ST-ZIP Pembroke, Bermuda HM07	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME MARCELLE, LARRY STREET ADDRESS 1327 NW 87TH TERRACE CITY-ST-ZIP CORAL SPRINGS, FL	<input checked="" type="checkbox"/> Delete		TITLE D NAME Ernest Cobbs STREET ADDRESS 3362 NW 151st Terrace CITY-ST-ZIP Opa-Locka, FL 33054	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Wendy Williams 5/10/05 (954) 933-9191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #