


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90139 009 ****61.25

DOCUMENT # N95000002133	
1. Entity Name CHRISTIAN INTERNATIONAL MISSIONS UNLIMITED, INC.	

Principal Place of Business 30 APOSTLES WAY SANTA ROSA BEACH, FL 32459 US	Mailing Address PO BOX 9000 SANTA ROSA BEACH, FL 32459 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip Country	City & State Zip Country
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04052005 Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JENNINGS, WILLIAM K 99 N 6 ST DEFUNIAK SPRINGS, FL 32433	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUCK, DARRELL G 21345 S. GABBY HAYES ROAD YUCCA, AZ 86438 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, FLOYD 8818 WARD N. RD KINSMAN, OH 44428 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BUCK, LENORA J 21345 S. GABBY HAYES ROAD YUCCA, AZ 86438 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	G GARY RICHARDS 10400 SNOWDON FLAT CT. LAS VEGAS, NV 89129 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERVIN, JIM 100 APOSTLES WAY SANTA ROSA BEACH, FL 32459 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD BUCK, DAVID 21345 S. GABBY HAYES ROAD YUCCA, AZ 86438 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCK, BRIAN 2690 MT VERNON RD DUNWOODY, GA 30338 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCK, RICHARD 8716 E OAK ST SCOTTSDALE, AZ 85257 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: *David E. B. B.* 04/04/05 360.606.5370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #