2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006
Secretary of State

DOCUMENT# N96000001670

Entity Name: EMBASSIES OF GOD INTERNATIONAL, INC.

Current Principal Place of Business:

2050 IRLO BRONSON HWY 192 E.
KISSIMMEE, FL 34744 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 772707
ORLANDO, FL 32877 US

New Mailing Address:

FEI Number: 59-3382473 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NOEL, SIMONE
2050 IRLO BRONSON HWY 192 E.
KISSIMMEE, FL 34744 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: NOEL, SIMONE
Address: 14520 TALAPO LN
City-St-Zip: ORLANDO, FL 32837

Title: D ( ) Delete
Name: FESTARINI, NANCY
Address: 14520 TALAPO LN
City-St-Zip: ORLANDO, FL 32837

Title: D ( ) Delete
Name: FESTARINI, FREDERICK
Address: 14520 TALAPO LN
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: NOEL, SIMONE
Address: 3193 RIVER BRANCH CIRCLE
City-St-Zip: KISSIMMEE, FL 34741

Title: D (X) Change ( ) Addition
Name: FESTARINI, NANCY
Address: 3193 RIVER BRANCH CIRCLE
City-St-Zip: KISSIMMEE, FL 34741 US

Title: D (X) Change ( ) Addition
Name: FESTARINI, FREDERICK
Address: 3193 RIVER BRANCH CIRCLE
City-St-Zip: KISSIMMEE, FL 34741 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: SIMONE NOEL D 03/29/2006

Electronic Signature of Signing Officer or Director — Date