2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008
Secretary of State

DOCUMENT# N98000006019

Entity Name: INTERNATIONAL MERCY INC.

Current Principal Place of Business:

200 LT 11 JR ALFREDO EGLIGTON
MZ 200
PUCALLPA, PR S. AMERIC

New Principal Place of Business:

Current Mailing Address:

PO BOX 21732
WEST PALM BEACH, FL 33416

New Mailing Address:

FEI Number: 65-0887958 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

EIFERT, ESTER
1269 S SCOTTSDALE RD
W. PALM BCH, FL 33417 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:	PD	( ) Delete
Name:	EIFERT, ESTHER	
Address:	1269 S SCOTTSDALE RD	
City-St-Zip:	W. PALM BCH, FL 33417	
Title:	D	( ) Delete
Name:	EIFERT, KEVIN	
Address:	1269 S SCOTTSDALE RD	
City-St-Zip:	W. PALM BCH, FL 33417	
Title:	TD	( ) Delete
Name:	RODRIGUEZ, ADRIANA	
Address:	1269 S SCOTTSDALE RD	
City-St-Zip:	W. PALM BCH, FL 33417	
Title:	TR	( ) Delete
Name:	MORRIS, JERRY	
Address:	3905 W. TWEEN OAKS	
City-St-Zip:	BROKEN ARROW, OK 74011	
Title:	TR	( ) Delete
Name:	HOLDER, JIM	
Address:	4102 EAST 61 ST STREET	
City-St-Zip:	TULSA, OK 74136	
Title:	TR	( ) Delete
Name:	BLAIR, DAN	
Address:	4102 EAST 61ST STREET	
City-St-Zip:	TULSA, OK 74136	

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 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: ADRIANA RODRIGUEZ TD 03/12/2008

Electronic Signature of Signing Officer or Director — Date