2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007
Secretary of State

DOCUMENT# N98000006657

Entity Name: THE NEXT STEP: NORTH AMERICAN PARTNERSHIP IN MISSION TRAINING, INC.

Current Principal Place of Business:

226 BIG ROCK DRIVE
RUTHERFORDTON, NC 28139

New Principal Place of Business:

Current Mailing Address:

226 BIG ROCK DRIVE
RUTHERFORDTON, NC 28139

New Mailing Address:

FEI Number: 59-3544132 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, RICK
6193 CORNING ROAD
COCOA, FL 32927 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: CD ( ) Delete
Name: ROCHE, JIM DR.
Address: 226 BIG ROCK DRIVE
City-St-Zip: RUTHERFORDTON, NC 28139

Title: D (X) Delete
Name: SELLS, BEN
Address: 226 BIG ROCK DRIVE
City-St-Zip: RUTHERFORDTON, NC 28139

Title: D ( ) Delete
Name: HOKE, STEVE
Address: 226 BIG ROCK DRIVE
City-St-Zip: RUTHERFORDTON, NC 28139

Title: D ( ) Delete
Name: LEWIS, RICHARD
Address: 226 BIG ROCK DRIVE
City-St-Zip: RUTHERFORDTON, NC 28139

Title: D (X) Delete
Name: KISSINGER, GENE
Address: 226 BIG ROCK DRIVE
City-St-Zip: RUTHERFORDTON, NC 28139

Title: D ( ) Delete
Name: DOUGHERTY, DAVE
Address: 10 W DRY CREEK CIR
City-St-Zip: LITTLETON, CO 80120

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: ROCHE, JIM DR.
Address: 226 BIG ROCK DRIVE
City-St-Zip: RUTHERFORDTON, NC 28139

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: HOKE, STEVE DR
Address: 226 BIG ROCK DRIVE
City-St-Zip: RUTHERFORDTON, NC 28139

Title: D (X) Change ( ) Addition
Name: LEWIS, RICHARD DR
Address: 226 BIG ROCK DRIVE
City-St-Zip: RUTHERFORDTON, NC 28139

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 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: RICHARD E. COTARELO TREA 03/14/2007

Electronic Signature of Signing Officer or Director — Date