

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000388

FILED
Apr 27, 2007
Secretary of State

Entity Name: FAITH BUILDERS INTERNATIONAL, INC.

Current Principal Place of Business:

12540 NEW HAMPSHIRE WOODS LN
ORLANDO, FL 32837

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 771583
ORLANDO, FL 32877

New Mailing Address:

FEI Number: 59-3637686

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SCHMIDT, CARL
310 COUNTRY BLVD
KISSIMMEE, FL 34741 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: SCHMIDT, CARL
Address: 310 COUNTRY BLVD.
City-St-Zip: KISSIMMEE, FL 34741

Title: VPD () Delete
Name: SCHMIDT, IRENE
Address: 310 COUNTRY BLVD.
City-St-Zip: KISSIMMEE, FL 34741

Title: D () Delete
Name: RUDY, SHAWN
Address: 40 RAINBOW BLVD.
City-St-Zip: BABSON PARK, FL 33827

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:

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: IRENE SCHMIDT

VPD

04/27/2007

Electronic Signature of Signing Officer or Director

Date