

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002776

FILED
Jan 05, 2007
Secretary of State

Entity Name: CHRIST THE ROCK INTERNATIONAL, INC.

Current Principal Place of Business:

9858 GLADES RD
176
BOCA RATON, FL 33434 US

New Principal Place of Business:

Current Mailing Address:

9858 GLADES RD
176
BOCA RATON, FL 33434 US

New Mailing Address:

FEI Number: 65-0923853 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMAS, PERRY E
10015 VENEZIA PLACE
BOCA RATON, FL 33428 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: DPT () Delete
Name: COMAS, PERRY E PASTOR
Address: 10015 VEVEZIA PLACE
City-St-Zip: BOCA RATON, FL 33428 US

Title: VD () Delete
Name: COMAS, KAREN
Address: 10015 VENEZIA PLACE
City-St-Zip: BOCA RATON, FL 33428 US

Title: SD () Delete
Name: COMAS, KAREN
Address: 10015 VENEZIA PLACE
City-St-Zip: BOCA RATON, FL 33428 US

Title: S () Delete
Name: FAGOT, DEAN
Address: 10800 STACEY LANE
City-St-Zip: BOCA RATON, FL 33428 US

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: S (X) Change () Addition
Name: FAGOT, DEAN
Address: 10340 SONSTREAM LANE
City-St-Zip: BOCA RATON, FL 33428 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: PERRY E. COMAS

DPT

01/05/2007

Electronic Signature of Signing Officer or Director

Date