

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90184 008 ***150.00

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1. Entity Name
CHRISTIANS IN ACTION TRADE SHOW INT. INC.



Principal Place of Business
**8400 NORTH UNIVERSITY DRIVE
SUITE 207
TAMARAC, FL 33321**

Mailing Address
**P.O. BOX 19406
PLANTATION, FL 33318--940**

400930-



04302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
92-0194040

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WAUGH, JULIET R
8400 NORTH UNIVERSITY DRIVE
SUITE 207
TAMARAC, FL 33321**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P/D
WAUGH, JULIET
8400 NORTH UNIVERSITY DRIVE, SUITE 207
TAMARAC, FL 33321**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
JOHNSON, FLOYD
6801 CHEW AVE
PHILADELPHIA, PA 19119**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CORNISH, WILLIAM
3861 NE 13TH TERRACE
POMPANO BEACH, FL 33064**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Juliet Waugh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULIET WAUGH

4/29/08
Date

954-597-8420
Daytime Phone #