2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Mar 14, 2008 8:00 am Secretary of State DOCUMENT # P04000117442 03-14-2008 90043 045 \*\*\*150.00 CHRIST IS THE ANSWER INC Principal Place of Business Mailing Address 2543 OLD VINELAND ROAD KISSIMMEE FL 34746 2543 OLD VINELAND ROAD KISSIMMEE FL 34746 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 20-1504309 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CASTRO, GILBERTO Street Address (P.O. Box Number is Not Acceptable) 3138 TURRET DR KISSIMMEE FL 34743 Zip Code 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. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition GILBERTO, CASTRO NAME NAME STREET ADDRESS 3138 TURRET DRIVE STREET ADDRESS CITY-ST-7IP KISSIMMEE FL 34743 CITY-ST-ZIP VΡ TITLE Delete TITLE ☐ Change Addition NAME DANIEL, PONCE NAME STREET ADDRESS 2543 OLD VINELAND ROAD STREET ADDRESS CITY-ST-7IP KISSIMMEE FL 34746 CITY - ST - ZIP TITLE Delete Change ☐ Addition NAME GILBERTO, CASTRO NAME STREET ADDRESS 3138 TURRET DRIVE STREET ADDRESS CITY-ST-ZIP KISSIMMEE FL 34743 CITY-ST-ZIP Delete TIME ☐ Change Addition DANIEL, PONCE STREET ADDRESS 3138 TURRET DR STREET ADDRESS KISSIMMEE FL 34743 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change. ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST- 7IP T(T) F ☐ Delete TITLE Addition NSM: NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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.

FILED