


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P40061 1. Entity Name SCIENTOLOGY MISSIONS INTERNATIONAL, INCORPORATED	
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Principal Place of Business 6331 HOLLYWOOD BLVD. #500 LOS ANGELES, CA 90028	Mailing Address 6331 HOLLYWOOD BLVD. #500 LOS ANGELES, CA 90028
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01142004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 95-3739098	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JOHNSON, ROBERT E 100 N TAMPA STREET SUITE 3500 TAMPA, FL 33602	DO NOT WRITE IN THIS SPACE
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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 _____

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000133345 04/27/04-80084-001 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FEAR, RICHARD 6331 HOLLYWOOD BLVD. LOS ANGELES, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARCHANT, JOI 6331 HOLLYWOOD BLVD. LOS ANGELES, CA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EDWARDS, CLAIRE 6331 HOLLYWOOD BLVD LOS ANGELES, CA
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 exemption stated in Section 119.07(3)(i), 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 617, 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:  **Joi MARCHANT** Secretary *20 Apr. 2004* 333 9603570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #