


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 08:00 A
Secretary of State

DOCUMENT # N04000009045


1. Entity Name
WORLD MISSIONS INFORMATION CENTER, INC.



Principal Place of Business Mailing Address

11399 LAKEVIEW DRIVE UNIT 7 BLDG B 11399 LAKEVIEW DRIVE UNIT 7 BLDG B
 CORAL SPRINGS, FL 33071 CORAL SPRINGS, FL 33071

DO NOT WRITE IN THIS SPACE



03242007 No Chg-NP CR2E037 (4/06)

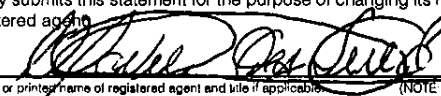
4. FEI Number 20-1645544	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DA SILVA, JOA C
 11399 LAKEVIEW DRIVE UNIT 7 BLDG B
 CORAL SPRINGS, FL 33071

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B. 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:  03/10/2007

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, 2007

9. Election Campaign Financing **\$5.00** May Be
 Trust Fund Contribution. Added to Fees

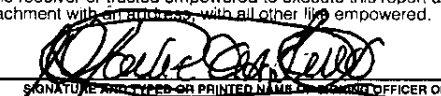
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DA SILVA, JOA C 11399 LAKEVIEW DRIVE UNIT 7 BLDG B CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DA SILVA, MAHELI C 11399 LAKEVIEW DRIVE UNIT 7 BLDG B CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DA SILVA, JENIFER C 11399 LAKEVIEW DRIVE UNIT 7 BLDG B CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/05/07-80023-008 61.25

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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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an attachment, with all other like empowered.

SIGNATURE:  03/10/2007

SIGNATURE AND TYPED OR PRINTED NAME OF REPORT OFFICER OR DIRECTOR Date Daytime Phone #