2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# N01000003224

Entity Name: FAMILIES OF DESTINY INTERNATIONAL, INC.

Current Principal Place of Business:

2011 SOUTH 194TH STREET
OMAHA, NE 68130

New Principal Place of Business:

Current Mailing Address:

2011 SOUTH 194TH STREET
OMAHA, NE 68130

New Mailing Address:

FEI Number: 59-3713996 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEAVER, WESLEY J
609 DUNDEE DRIVE
PENSACOLA, FL 32507 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: D ( ) Delete
Name: FISCHER, CRAIG J
Address: 2011 SOUTH 194TH STREET
City-St-Zip: OMAHA, NE 68130

Title: D ( ) Delete
Name: FISCHER, JAN R
Address: 2011 SOUTH 194TH STREET
City-St-Zip: OMAHA, NE 68130

Title: D ( ) Delete
Name: FISHER, ROGER
Address: 5292 WILD INDIGO WAY
City-St-Zip: ACWORTH, GA 30102

Title: D ( ) Delete
Name: TVIRDIK, MICHELLE
Address: 1947 CORAL CREEK RD
City-St-Zip: PENSACOLA, FL 32506

Title: D ( ) Delete
Name: WHITEHEAD, STEVE
Address: P O BOX 938
City-St-Zip: LILLIAN, AL 30102

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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CRAIG J. FISCHER PRES 04/28/2005

Electronic Signature of Signing Officer or Director — Date