


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F05000003983**

1. Entity Name  
**ASSOCIACAO EVANGELICA DE ACAMPAMENTOS, CORPORATION**



Principal Place of Business <b>RUA PROF. LIDIA DE SA GUIMARAES          180-QD. 14, LT. 33          ANAPOLIS GO 75075-650 BRAZIL,</b>	Mailing Address <b>RUA PROF. LIDIA DE SA GUIMARAES          180-QD. 14, LT. 33          ANAPOLIS GO 75075-650 BRAZIL,</b>
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01272006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FCI Number  
**NOT APPLICABLE**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ZIRENA, GLADYS  
 5465 NW 38TH STREET  
 MIAMI, FL 33166**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$61.25  
 Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE <b>C</b>	<b>KREBSKY, ESDRAS O</b>
NAME	<b>RUA ONZE, QD. 17A, LT. B-VILA GOIS</b>
STREET ADDRESS	<b>ANAPOLIS GO 75120-330 BRAZIL,</b>
CITY-ST-ZIP	
TITLE <b>V</b>	<b>MULLINS, ALAN C</b>
NAME	<b>CAIXA POSTAL 1947</b>
STREET ADDRESS	<b>ANAPOLIS-GO 75040-970 BRAZIL,</b>
CITY-ST-ZIP	
TITLE <b>P</b>	<b>BRUDER, DIRLEI A</b>
NAME	<b>RUA PROF. MARIA ALVES CASTILHO 540-BAIRRO</b>
STREET ADDRESS	<b>UBERLANDIA MG 38408-260 BRAZ,</b>
CITY-ST-ZIP	
TITLE <b>V</b>	<b>RUY DE FREITAS PAULA</b>
NAME	<b>RUA AMERICO VESPUCCI, 484-VILA PRUDENTE</b>
STREET ADDRESS	<b>SAO PAULO, SP 03135-010 BRAZ,</b>
CITY-ST-ZIP	
TITLE <b>S</b>	<b>ELIZABETH ZUH SILVA</b>
NAME	<b>AV. JOAO DEL PAPA 138-AP. 14 BLV. 25-JD</b>
STREET ADDRESS	<b>PIRATININGA OSASCO, SP 05236,</b>
CITY-ST-ZIP	
TITLE <b>T</b>	<b>SCHNEIDER, ADILSON</b>
NAME	<b>CAIXA POSTAL 90</b>
STREET ADDRESS	<b>COTIA SP 06717-970 BRAZIL,</b>
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 05/06/06-80116-021 61.25

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 address, with all other like empowered.

**SIGNATURE:** Esdra Oliveira Krebsky **04/13/2006** **+55(62)3318-2059**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #