


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90025 031 \*\*\*\*70.00

<b>DOCUMENT # F95000003073</b>			
1. Entity Name <b>UNIVERSAL CHRISTIAN Gnostic MOVEMENT OF THE U.S.A. (NEW ORDER), INC.</b>			
Principal Place of Business 1204 SOUTH WOODLAND AVENUE INDEPENDENCE MO 64050-4244 US		Mailing Address P.O. BOX 1570 INDEPENDENCE MO 64133 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>NO-T APPLICABLE</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	



MOORE CR2E037 (11/03)

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>MARTINEZ, TADEO</b> 806 DOBBINS ST. WEST PALM BEACH FL 33405		Name <b>MARTINEZ, TADEO</b> Street Address (P.O. Box Number is Not Acceptable) <b>854 1/2 FRANCIS ST.</b> City <b>WEST PALM BEACH</b>	
		State <b>FL</b>	
		Zip Code <b>33405</b>	

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 TADEO MARTINEZ DATE 02/21/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> SOUSA, LUCIANO 9951 EAST 61 STREET APT. #1 RAYTOWN MO 64133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> SOUSA, LUCIANO 4018 ROSWELL AVE. KANSAS CITY, KS 66104 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> BONILLA, BLANCA 6900 E. 67 STREET KANSAS CITY MO 64133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> BONILLA, BLANCA 6900 E. 67th ST KANSAS CITY, MO 64133 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> GARCIA, DARINEL 2017 CYPRESS AVENUE KANSAS CITY MO <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> FLORES, MAURICIO 1640 CORRINGTON AVE. KANSAS CITY MO 64126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M</b> CALLEJAS, JOSEFINA 1500 NW 23RD TERRACE #D INDEPENDENCE MO <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M</b> CALLEJAS, JOSEFINA 8903 E. 67th st #216 RAYTOWN, MO 64133 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> GONZALEZ, FRANCISCO 10212 E. 64th ST. RAYTOWN, MO 64133 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:** SOUSA, LUCIANO *[Signature]* DATE 02/21/2004 (816) 456-1611

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