2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005
Secretary of State

DOCUMENT# N04000006635

Entity Name: LESLIE OROZCO MINISTRIES INC.

Current Principal Place of Business:

P.O. BOX 8654
PORT SAINT LUCIE, FL 349858654

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8654
PORT SAINT LUCIE, FL 349858654

New Mailing Address:

FEI Number: 83-0401577 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OROZCO, LESLIE
1458 SW BOUGAINVILLEA AVE
PORT SAINT LUCIE, FL 34953 US

Name and Address of New Registered Agent:

OROZCO, LESLIE
1020 SW LIBERTY AVENUE
PORT SAINT LUCIE, FL 34953 US

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: _____ 04/20/2005
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: OROZCO, LESLIE
Address: 1458 SW BOUGAINVILLEA AVE
City-St-Zip: PORT SAINT LUCIE, 34

Title: V ( ) Delete
Name: OROZCO, MARILYN
Address: 1458 SW BOUGAINVILLEA AVE
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: ST ( ) Delete
Name: RODRIGUEZ, ANTONIA
Address: 11821 SW 185 TR
City-St-Zip: MIAMI, FL 33177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: OROZCO, LESLIE
Address: 1020 SW LIBERTY AVE
City-St-Zip: PORT SAINT LUCIE, 34

Title: V (X) Change ( ) Addition
Name: OROZCO, MARILYN
Address: 1020 SW LIBERTY AVE
City-St-Zip: PORT SAINT LUCIE, FL 34953

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: LESLIE OROZCO P 04/20/2005
Electronic Signature of Signing Officer or Director — Date