

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 18, 2007
Secretary of State**

DOCUMENT# N06000012088

Entity Name: MINISTERIO LA VIA AL CIELO, INC.

Current Principal Place of Business:

6295 LAKE WORTH RD
STE 29
LAKE WORTH, FL 33463

New Principal Place of Business:

Current Mailing Address:

2787 10TH AVE N
107
PALM SPRINGS, FL 33461

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUIZ, ANGEL M
2787 10TH AVE N
107
PALM SPRINGS, FL 33461 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: DPT () Delete
Name: RUIZ, ANGEL M
Address: 2787 10TH AVE N APT 107
City-St-Zip: PALM SPRINGS, FL 33461

Title: DVS () Delete
Name: RUIZ, TELMA
Address: 2787 10TH AVE N APT 107
City-St-Zip: PALM SPRINGS, FL 33461

Title: D () Delete
Name: NOGUEIRA, ISABEL
Address: 6295 LAKE WORTH RD STE 29
City-St-Zip: LAKE WORTH, FL 33463

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ANGEL M RUIZ

DPT

04/18/2007

Electronic Signature of Signing Officer or Director

_____ Date