

**2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jun 10, 2011**  
**Secretary of State**

DOCUMENT# N10000004044

**Entity Name:** CENTRO CRISTIANO INTEGRAL, INC.**Current Principal Place of Business:**6917 NARCOOSSEE RD.  
722  
ORLANDO, FL 32822**New Principal Place of Business:****Current Mailing Address:**4500 KENNEDY AVENUE  
ORLANDO, FL 32812**New Mailing Address:**6917 NARCOOSSEE RD.  
722  
ORLANDO, FL 32822**FEI Number:** 27-2470922**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**CAMPO, CARLOS H  
4500 KENNEDY AVENUE  
ORLANDO, FL 32812 US**Name and Address of New Registered Agent:**CAMPO, CARLOS H  
6408 S. GOLDENROD RD.  
B  
ORLANDO, FL 32822 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: CARLOS H. CAMPO

06/10/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CHRM  
Name: CAMPO, CARLOS H TRUSTEE  
Address: 6408 S. GOLDENROD RD. UNIT B  
City-St-Zip: ORLANDO, FL 32822

Title: P  
Name: CAMPO, CARLOS H TRUSTEE  
Address: 6408 S. GOLDENROD RD. UNIT B  
City-St-Zip: ORLANDO, FL 32822

Title: S  
Name: CAMPO, DIANA F TRUSTEE  
Address: 6408 S. GOLDENROD RD. UNIT B  
City-St-Zip: ORLANDO, FL 32822

I hereby 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 all other like empowered.

SIGNATURE: CARLOS H CAMPO

P

06/10/2011

Electronic Signature of Signing Officer or Director

Date