

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N26641

**FILED**  
**Sep 09, 2007**  
**Secretary of State**

**Entity Name:** INTERNATIONAL DIVINE REALIZATION SOCIETY INC.

**Current Principal Place of Business:**

16920 SW 110 CT.  
MIAMI, FL 33157

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 570370  
MIAMI, FL 33257

**New Mailing Address:**

**FEI Number:** 65-0056955      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

DUARTE, MANUEL  
16920 SW 110 CT  
MIAMI, FL 33157    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: SD      ( ) Delete  
Name: MARVIN, BARRETO  
Address: 13425 SW 68 TERRACE  
City-St-Zip: MIAMI, FL 33183

Title: PD      ( ) Delete  
Name: DUARTE, MANUEL  
Address: 16920 SW 110 CT  
City-St-Zip: MIAMI, FL 33157

Title: T      ( ) Delete  
Name: DUARTE, CLAUDIA  
Address: 1251 SW 129 AVE.  
City-St-Zip: MIAMI, FL 33184

**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 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: MANUEL DUARTE

PD

09/09/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date