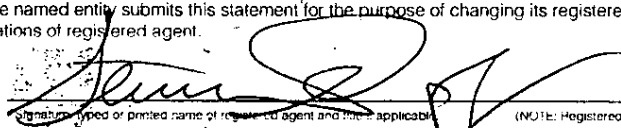
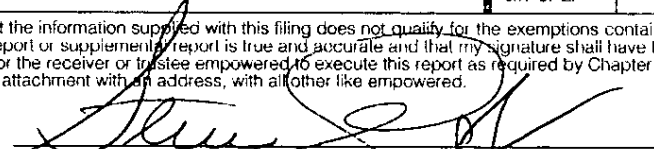


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90066 044 \*\*\*\*70.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |                                                                                                                               |                                                                                                                                                                                                                                        |                                                                                   |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N99000002845</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |                                                                                                                               |                                                                                                                                                                                                                                        |  |  |
| <b>1. Entity Name</b><br>WAY OF LIFE WORSHIP AND ARTS MINISTRIES INTERNATIONAL INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 |                                                                                                                               |                                                                                                                                                                                                                                        |                                                                                   |  |
| <b>Principal Place of Business</b><br>28945 SW 187TH AVENUE<br>HOMESTEAD, FL 33030                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                                                                                                                               | <b>Mailing Address</b><br>28945 SW 187TH AVENUE<br>HOMESTEAD, FL 33030                                                                                                                                                                 |                                                                                   |  |
| <b>2. Principal Place of Business - No P.O. Box #</b><br>10527 Bastille Lane<br>Suite, Apt. #, etc.<br>104                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 | <b>3. Mailing Address</b><br>PO Box 22732<br>Suite, Apt. #, etc.                                                              |                                                                                                                                                                                                                                        |                                                                                   |  |
| <b>City &amp; State</b><br>Orlando, FL<br>Zip<br>32836                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 | <b>City &amp; State</b><br>Orlando, FL<br>Zip<br>32830                                                                        |                                                                                                                                                                                                                                        | <b>Country</b><br>USA                                                             |  |
| <b>4. FEI Number</b><br>59-3579348                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                                                                                                                               |                                                                                                                                                                                                                                        | <b>Applied For</b><br><input type="checkbox"/> Not Applicable                     |  |
| <b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                                                                                                                               |                                                                                                                                                                                                                                        | 04262007 Chg-NP CR2E037 (12/06)                                                   |  |
| <b>6. Name and Address of Current Registered Agent</b><br>GONZALEZ, STEVEN<br>28945 SW 187TH AVENUE<br>HOMESTEAD, FL 33030                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |                                                                                                                               | <b>7. Name and Address of New Registered Agent</b><br>Name: Gonzalez, Steven<br>Street Address (P.O. Box Number is Not Acceptable):<br>10527 Bastille Ln. Apt. 104<br>City: Orlando FL Zip Code: 32836                                 |                                                                                   |  |
| <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.</b><br>SIGNATURE:  5/1/07<br><small>(NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                         |                                 |                                                                                                                               |                                                                                                                                                                                                                                        |                                                                                   |  |
| <b>Filing Fee is \$61.25 Due by May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                                                                                                        | <b>Make check payable to Florida Department of State</b>                          |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                                                                                                                               | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                                                                                           |                                                                                   |  |
| <b>TITLE</b><br>PD<br><b>NAME</b><br>GONZALEZ, STEVEN<br><b>STREET ADDRESS</b><br>28945 SW 187TH AVENUE<br><b>CITY-ST-ZIP</b><br>HOMESTEAD, FL 33030                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete |                                                                                                                               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>TITLE</b><br>10527 Bastille Ln. Apt. 104<br><b>NAME</b><br>Orlando, FL 32836<br><b>STREET ADDRESS</b><br>Orlando, FL 32836<br><b>CITY-ST-ZIP</b>    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>TITLE</b><br>VPD<br><b>NAME</b><br>GONZALEZ, ESTEBAN D<br><b>STREET ADDRESS</b><br>28945 SW 187TH AVENUE<br><b>CITY-ST-ZIP</b><br>HOMESTEAD, FL 33030                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete |                                                                                                                               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>TITLE</b><br>11850 Reedy Creek Dr. Apt. 204<br><b>NAME</b><br>Orlando, FL 32836<br><b>STREET ADDRESS</b><br>Orlando, FL 32836<br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>TITLE</b><br>TD<br><b>NAME</b><br>CAMACHO, HUGO<br><b>STREET ADDRESS</b><br>28945 SW 187TH AVENUE<br><b>CITY-ST-ZIP</b><br>HOMESTEAD, FL 33030                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> Delete |                                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>TITLE</b><br>11850 Reedy Creek Dr. Apt. 204<br><b>NAME</b><br>Orlando, FL 32836<br><b>STREET ADDRESS</b><br>Orlando, FL 32836<br><b>CITY-ST-ZIP</b>            | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>TITLE</b><br>SD<br><b>NAME</b><br>GONZALEZ, MICHELLE D<br><b>STREET ADDRESS</b><br>28945 SW 187TH AVENUE<br><b>CITY-ST-ZIP</b><br>HOMESTEAD, FL 33030                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete |                                                                                                                               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>TITLE</b><br>10527 Bastille Ln. Apt. 104<br><b>NAME</b><br>Orlando, FL 32836<br><b>STREET ADDRESS</b><br>Orlando, FL 32836<br><b>CITY-ST-ZIP</b>    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>TITLE</b><br>D<br><b>NAME</b><br>GONZALEZ, ELIZABETH S<br><b>STREET ADDRESS</b><br>28945 SW 187TH AVENUE<br><b>CITY-ST-ZIP</b><br>HOMESTEAD, FL 33030                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete |                                                                                                                               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>TITLE</b><br>10527 Bastille Ln. Apt. 104<br><b>NAME</b><br>Orlando, FL 32836<br><b>STREET ADDRESS</b><br>Orlando, FL 32836<br><b>CITY-ST-ZIP</b>    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>TITLE</b><br>NAME<br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Delete |                                                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>TITLE</b><br>NAME<br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b>                                                                                               | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| <b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b> |                                 |                                                                                                                               |                                                                                                                                                                                                                                        |                                                                                   |  |
| <b>SIGNATURE:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                                                                                                               | 5/1/07 941-233-8229<br>Date Daytime Phone #                                                                                                                                                                                            |                                                                                   |  |