


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N99000005266 1. Entity Name IGLESIA FUENTE DE SALVACION, INC.	
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Principal Place of Business 303 REYNOLD RD DE LEON SPRINGS FL 32130	Mailing Address P.O. BOX 1084 DELEON SPRINGS FL 32130
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/06)

4. FEI Number 59-3765668	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PAULINO, VICTORIANO REV. 548 E. WALTS AVE DELAND FL 32724	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>
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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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	T <input type="checkbox"/> Delete MARIA, PAULINO B 324 S. WINSLOW AVE DELAND FL 32724	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000642061 03/01/07-80025-013 61.25
NAME	T <input type="checkbox"/> Delete DELGADO, MISHAEL P.O. BOX 42 PIERSON FL 32180	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000642061 03/01/07-80025-014 8.75
STREET ADDRESS	P <input type="checkbox"/> Delete PAULINO, VICTORIANO B REV 548 E. WALTS AVE DELAND FL 32724	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP	C <input type="checkbox"/> Delete ALICIA, DELGADO P P.O. BOX 42 PIERSON FL 32180	CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP	T <input type="checkbox"/> Delete SANTANA, MIGUEL 210 BASS AVE CRESCENT CITY FL 32112	CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP	<input type="checkbox"/> Delete	CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: *Paulino* 2-15-07 (386) 626 2486