


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90209 017 ****61.25

DOCUMENT # N00000007509	
1. Entity Name ALLAN KARDEC CHRISTIAN SPIRITIST CENTER OF ORLANDO, INC.	

Principal Place of Business 5395 LB MCLEOD RD ORLANDO, FL 32811	Mailing Address 3532 MERIVALE DR CASSELBERRY, FL 32707
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

140000007



04262005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3685953		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TREVISANI, LIVIA 3532 MERIVALE DR CASSELBERRY, FL 32707		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

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

Filing Fee is \$61.25 Due by May 1, 2005	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 NAME STREET ADDRESS CITY-ST-ZIP	TPVC TREVISANI, LIVIA 3532 MERIVALE DR. CASSELBERRY, FL 32707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & 2nd. Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Trevisani, Livia 3532 Merivale Dr. Casselberry, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	POC CARVALHO, ENIO 7810 KINGSPONTE PARKWAY ORLANDO, FL 32819 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President & 1st. Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Fran Oliveira 7547 Commerce Center Dr. Orlando, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Gustavo Marasca 4409 S. Kirkman Rd. apt. 204 Orlando, FL 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director & 2nd. Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Adriana Teixeira 612 Trumpet Place Celebration, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director & 1st. Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Silvia Faria 5346 Bay Lagoon Circle Orlando, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Claudia Andrade 195 Sterling Springs Lane Altamonte Springs, FL 32714

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplementary 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: *Livia Trevisani* (LIVIA TREVISANI) **April 26, 2005** 407-421-0410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #