2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9400000747

FILED Feb 09, 2006 Secretary of State

Entity Name: THE FATHER'S HOUSE INTERNATIONAL (LA CASA DEL PADRE INTERNACIONAL), INC.

Current Principal Place of Business: New Principal Place of Business:

1820 MONUMENT RD. JACKSONVILLE, FL 32225

Current Mailing Address: New Mailing Address:

1820 MONUMENT RD. JACKSONVILLE, FL 32225

FEI Number: 59-3256752 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

BOSQUE, JOSE L 1820 MONUMENT RD. JACKSONVILLE, FL 32225 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:

Flateric Constant Devices Advantage

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete
 Title:
 P
 (X) Change () Addition

 Name:
 BOSQUE, JOSE L PBR.
 Name:
 BOSQUE, JOSE L PBR.

 Address:
 1030 BAISDEN RD
 Address:
 1820 MONUMENT ROAD

 City-St-Zip:
 JACKSONVILLE, FL 32218
 City-St-Zip:
 JACKSONVILLE, FL 32225

Title: VP () Delete Title: D (X) Change () Addition

 Name:
 BOSQUE, MONICA R
 Name:
 BOSQUE, LISETTE J

 Address:
 1030 BAISDEN RD
 Address:
 1030 BAISDEN RD

 City-St-Zip:
 JACKSONVILLE, FL 32218
 City-St-Zip:
 JACKSONVILLE, FL 32218

Title: D () Delete Title: () Change () Addition

 Name:
 GONZALEZ, EFREM
 Name:

 Address:
 2040 LEON RD
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32246
 City-St-Zip:

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

 Name:
 MONIQUE, BOSQUE D
 Name:
 SUAU, FRANK

 Address:
 264 S. MARION ST. # GARDEN
 Address:
 11133 RIFLE RUN RD

 City-St-Zip:
 OAK PARK,, IL 60302
 City-St-Zip:
 JACKSONVILLE, FL 32225

Title: SD () Delete Title: () Change () Addition

 Name:
 FREEMAN, MATTIE MIN.
 Name:

 Address:
 12334 MASTIN COVE RD.
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32225
 City-St-Zip:

 Title:
 D
 () Delete
 Title:
 VP
 (X) Change () Addition

 Name:
 CHARLES, JEAN D PASTOR
 Name:
 CHARLES, JEAN D PASTOR

 Address:
 4083 SUNBEAM # 1016
 Address:
 10275 OLD ST. AUGUSTINE RD # 602

City-St-Zip: JAX,, FL 32257 City-St-Zip: JAX,, FL 32257

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSE L. BOSQUE PRES 02/09/2006