2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47411

FILED Jan 16, 2007 Secretary of State

Entity Name: IGLESIA ALIANZA CRISTIANA Y MISIONERA, KISSIMMEE, INC.

Current Pin	ncipal Place o	of Business:	New Princ	ipal Place of Business:	
2617 MICHIO KISSIMMEE					
Current Mailing Address:			New Mailing Address:		
PO BOX 450 KISSIMMEE)141 , FL 34745014	11			
FEI Number:		FEI Number Applied For () FEI	Number Not Appl	licable (X) Certificate of Status Desired ()	
Name and A	Address of Cu	rrent Registered Agent:	Name and	Address of New Registered Agent:	
RIVERA, JO 1322 OAK G KISSIMMEE	ROVE CT	US			
The above n in the State o		bmits this statement for the purpos	se of changing i	its registered office or registered agent, or both	
SIGNATURE	≣:				
	Electronic	Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTO		
Name: Address:	DP () E RIVERA, JORGE 1322 OAK GROV KISSIMMEE, FL	E CT	Title: Name: Address: City-St-Zip:	()Change ()Addition	
		Pelete	Title:	() Change () Addition	
Address:	CUEVAS, JORGE 2409 HATTON CH KISSIMMEE, FL	HASE LANE	Name: Address: City-St-Zip:	() Change () Addition	
Address: City-St-Zip: Title: Name: Address:	2409 HATTON CH KISSIMMEE, FL	HASE LANE 34746 Delete ENDA RIDGE LANE	Name: Address:	()Change ()Addition	
Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	2409 HATTON CH KISSIMMEE, FL T () C RODRIGUEZ, GL 3510 FORREST I KISSIMMEE, FL	HASE LANE 34746 Delete ENDA RIDGE LANE 34741 Delete DES E STREET	Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition S (X) Change () Addition VILLAFAÑE, DALIA 2447 TORRENS WAY	
Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	2409 HATTON CH KISSIMMEE, FL T () E RODRIGUEZ, GL 3510 FORREST H KISSIMMEE, FL S () E SWINGLE, LOUR 2329 CATHERINE KISSIMMEE, FL	HASE LANE 34746 Delete ENDA RIDGE LANE 34741 Delete DES E STREET 34741 Delete	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition S (X) Change () Addition VILLAFAÑE, DALIA 2447 TORRENS WAY	

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: JORGE I. RIVERA DP 01/16/2007