


2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N07000004164 1. Entity Name MINISTERIO INTERNACIONAL EBENEZER INC.	
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 08 AUG 21 PM 12: 29

Principal Place of Business 1510 SW FRESNO RD. PORT ST. LUCIE, FL 34953	Mailing Address 1510 SW FRESNO RD. PORT ST. LUCIE, FL 34953
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2. Principal Place of Business - No P.O. Box # <i>4311 SW Darwin Blvd.</i>	3. Mailing Address <i>1510 SW Fresno Rd.</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

08132008 Chg-NP CR2E037 (12/06)

City & State <i>Port Saint Lucie, Florida</i>	City & State <i>Port St Lucie, Florida</i>
Zip <i>34953</i>	Zip <i>34953</i>
Country <i>USA</i>	Country <i>USA</i>

4. FEI Number 26-0348654	Applied For Not Applicable
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6. Name and Address of Current Registered Agent GALINDO, NOEL H 1510 SW FRESNO RD. PORT SAINT LUCIE, FL 34953	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> Zip Code
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

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 _____ DATE _____

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

Amended AR is \$61.25	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	P GALINDO, NOEL H 1510 SW FRESNO RD PORT SAINT LUCIE, FL 34953	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100134590771 08/19/08--01011--002 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CORTES, JOSE 1510 SW FRESNO RD PORT SAINT LUCIE, FL 34953	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Benitez, Ramon 6479 Nw Regal Circle Port St. Lucie, FL 34983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WOOD, BELGICA 2360 SW CABALLERO STREET PORT SAINT LUCIE, FL 34953	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Morales, Michelle 1586 SW Neptune Ave. Port St Lucie, FL 34953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GALINDO, INGRID 1510 SW FRESNO RD PORT SAINT LUCIE, FL 34953	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Perez, Abdiel 1586 SW Neptune Ave Port St Lucie, FL 34953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, ARLEN 1510 SW FRESNO RD PORT SAINT LUCIE, FL 34953	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Galindo, Ingrid 1510 SW Fresno Rd. Port St Lucie, FL 34953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition B 8/21/08

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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #