2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2009
Secretary of State

DOCUMENT# F01000005125

Entity Name: MINISTERIO MISION MISIONERA, INC.

Current Principal Place of Business:

702 WEDGE LANE
KISSIMMEE, FL 34759

New Principal Place of Business:

3803 BLACKBERRY CIR.
SAINT CLOUD, FL 34769

Current Mailing Address:

702 WEDGE LANE
KISSIMMEE, FL 34759

New Mailing Address:

3803 BLACKBERRY CIR.
SAINT CLOUD, FL 34769

FEI Number: 59-3650180 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ALMODOVAR, HECTOR
702 WEDGE LANE
KISSIMMEE, FL 34759 US

Name and Address of New Registered Agent:

ALMODOVAR, HECTOR
3803 BLACKBERRY CIR.
SAINT CLOUD, FL 34769 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: 01/28/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ALMODOVAR, HECTOR
Address: 702 WEDGE LANE
City-St-Zip: KISSIMMEE, FL 34759

Title: VS ( ) Delete
Name: DE LEON, ALBA
Address: 702 WEDGE LANE
City-St-Zip: KISSIMMEE, FL 34759

Title: T ( ) Delete
Name: RODRIGUEZ, IVETTE
Address: 2883 15TH AVE N
City-St-Zip: ST PETERSBURG, FL 33713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: ALMODOVAR, HECTOR
Address: 3803 BLACKBERRY CIR.
City-St-Zip: SAINT CLOUD, FL 34769

Title: VS (X) Change ( ) Addition
Name: DE LEON, ALBA
Address: 3803 BLACKBERRY CIR.
City-St-Zip: SAINT CLOUD, FL 34769

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: HECTOR ALMODOVAR PD 01/28/2009
Electronic Signature of Signing Officer or Director — Date