

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Mar 16, 2012
Secretary of State

DOCUMENT# F10000002874

Entity Name: MY FATHERS HOUSE LIMITED, INC.**Current Principal Place of Business:**2628 DEL PRADO BLVD. S.
CAPE CORAL, FL 33904**New Principal Place of Business:**944 COUNTRY CLUB BLVD.
SUITE 105
CAPE CORAL, FL 33990**Current Mailing Address:**PO BOX 152226
CAPE CORAL, FL 33915**New Mailing Address:****FEI Number:** 27-2949781**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SSEKIRANDA, REMIGIOUS REV.FR.
2628 DEL PRADO BLVD. S.
CAPE CORAL, FL 33904 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C
Name: SSEKIRANDA, REMIGIOUS REV.FR.
Address: 2628 DEL PRADO BLVD. S.
City-St-Zip: CAPE CORAL, FL 33904

Title: VC
Name: DOMINGUEZ, VIRGEN E
Address: 2127 SW 4 CT
City-St-Zip: CAPE CORAL, FL 33991

Title: D
Name: TORRES, LOURDES Y
Address: 2127 SW 4 CT
City-St-Zip: CAPE CORAL, FL 33991

Title: P
Name: SEMUJU, CHARLES
Address: PO BOX 8075
City-St-Zip: KAMPALA, XX

Title: VP
Name: SEKAMANJE, DEOGRACIA
Address: PO BOX 8075
City-St-Zip: KAMPALA, XX

I hereby 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 all other like empowered.

SIGNATURE: VIRGEN DOMINGUEZ

VC

03/16/2012

Electronic Signature of Signing Officer or Director

Date