## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000003317

FILED Apr 28, 2006 Secretary of State

Entity Name: CARSEL'S MINISTRIES INTERNATIONAL INC.

Current Pr	rincipal Place	of Business:	New Prince	New Principal Place of Business:			
	E 167 STREET IAMI BEACH, F			93 NW 163 RD STREET NORTH MIAMI BEACH, FL 33162			
Current Ma	ailing Addres	s:	New Mailing Address:				
165 NE 128 N. MIAMI, F							
FEI Number:	65-0120997	FEI Number Applied For ( )	FEI Number Not App	licable ( )	Certificate of Status Desire	ed ( )	
Name and	Address of C	urrent Registered Agent:	Name and	Address of	New Registered Agent:		
	3 TERR 33161 US named entity s	submits this statement for the pu	rpose of changing i	ts registered	office or registered agent,	or both,	
	of Florida.						
SIGNATUR		ic Signature of Registered Ager	n†		 Date		
OFFICERS	S AND DIREC	IORS:	ADDITION	IS/CHANGES	S TO OFFICERS AND DII	RECTORS	
Title: Name: Address: City-St-Zip:	PD () ST FLEUR, CAF 165 NE 128 TEI N. MIAMI, FL 3	RRACE	Title: Name: Address: City-St-Zip:	(	) Change ()Addition		
Title: Name: Address: City-St-Zip:	VD () JEAN-PIERRE, 1851 NE 143ST MIAMI, FL 3310	REET	Title: Name: Address: City-St-Zip:	VD (XINNOCENT, JI 1570 NW 128 MIAMI, FL 33	ST		
Title: Name: Address: City-St-Zip:	D () ROMELUS, WII 2120 NE 171 S' N MIAMI BEACH	TREET	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	T () JEAN-LOUIS, M 14865 NE 11TH N MIAMI, FL 33	СТ	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	S () BRUNEL, BATA 410 NE 160 TEI N. MIAMI BEAC	RR	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	VS () INNOCENT, JEF 1570 NW 128 S N MIAMI, FL 33	STREET	Title: Name: Address: City-St-Zip:	VS (2 JEAN-PIERRE 1851 NE 143 MIAMI, FL 33	ST		

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: ST FLEUR CARSEL PD 04/28/2006