

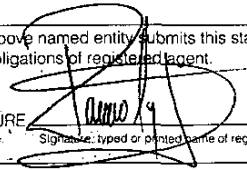
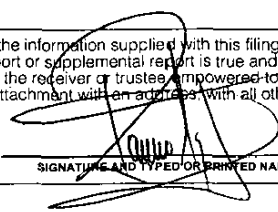


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90134 010 ****61.25

| | | | | | |
|---|--|--|--|--|---|
| DOCUMENT # N01000000868 1. Entity Name CONGREGACION DE JESUCRISTO, CORP. | | | |  | |
| Principal Place of Business 6101 ORANGE DRIVE DAVIE, FL 33314 | | | Mailing Address 6101 ORANGE DRIVE DAVIE, FL 33314 | | |
| 2. Principal Place of Business 6700 GRIFFIN RD | | 3. Mailing Address 6700 GRIFFIN RD | |  | |
| Suite, Apt. #, etc. SUITE K | | Suite, Apt. #, etc. SUITE K | | | |
| City & State DAVIE FLORIDA | | City & State DAVIE FL | | | |
| Zip 33314 | | Zip 33314 | | | |
| Country USA | | Country USA | | 4. FEI Number 02-0558830 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent ARISTIZABAL, RAMIRO 5993 SW 43 ST DAVIE, FL 33314 | | | 7. Name and Address of New Registered Agent Name ARISTIZABAL RAMIRO Street Address (P.O. Box Number is Not Acceptable) 16 DREW DRIVE City VENUS FL Zip Code 33460 | | |
| 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  Ramiro Aristizabal <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 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 | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ARISTIZABAL, RAMIRO 5993 SW 43 ST DAVIE, FL 33314 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ARISTIZABAL, MAGDA 5993 SW 43 ST DAVIE, FL 33314 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GIRON, CENEIDA 5993 SW 43 ST DAVIE, FL 33314 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:  | | | 03-15-06 863-465-2358 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |