


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2004 8:00 am
Secretary of State

05-14-2004 90010 048 ****61.25

DOCUMENT # N01000008285	
1. Entity Name EL-SHADDAI BAPTIST CHURCH OF POMPANO INC.	

Principal Place of Business 2071 N DIXIE HWY SUITE 2075 POMPANO BEACH, FL 33060	Mailing Address 2071 N DIXIE HWY SUITE 2075 POMPANO BEACH, FL 33060
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54054552

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. Box 667877 Suite, Apt. #, etc.
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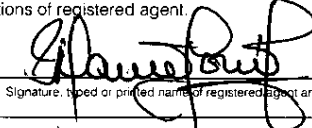
05042004 Chg-NP CR2E037 (10/03)

City & State Pompano Beach, FL	City & State Pompano Beach, FL
Zip 33066	Country USA

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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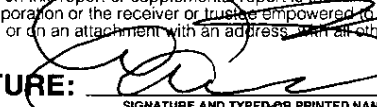
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DERIVAL, BERTRAND N 3741 RIVER SIDE DR APT B CORAL SPRINGS, FL 33065	7. Name and Address of New Registered Agent Name: PIERRE DANIEL LOUIS Street Address (P.O. Box Number is Not Acceptable): 6248 DUVAL DRIVE City: MARGATE, FL FL Zip Code: 33063
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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:  Pierre Daniel Louis	DATE: May 6, 2004

Filing Fee is \$61.25 Due by September 8, 2004	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	DP DERIVAL, BERTRAND N 3741 RIVER SIDE DR APT B CORAL SPRINGS, FL 33065 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PIERRE DANIEL LOUIS <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6248 DUVAL DRIVE MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CHARITE, OSCAR 2500 N CYPRESS RD POMPANO BEACH, FL 33064 <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	DS ANGELOT, JONATHAN 691 SW 41TH STREET DEERFIELD, FL 33441 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CLASUS PIERRE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6248 DUVAL DRIVE MARGATE, FL 33063
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
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
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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  CLASUS PIERRE	5/4/04 (9A) 979-2976