

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008296

FILED
Apr 16, 2007
Secretary of State

Entity Name: LA CASA DE ADORACION, INC.

Current Principal Place of Business:

2405 LOCKWOOD BLVD
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:
PO BOX 620426
OVIEDO, FL 327620426

New Mailing Address:

FEI Number: 01-0560241 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PICON, FORTUNATO JR
528 WILMINGTON CIRCLE
OVIEDO, FL 32765 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: PD () Delete
Name: PICON, FORTUNATO JR.
Address: 528 WILMINGTON CIRCLE
City-St-Zip: OVIEDO, FL 32765

Title: VD () Delete
Name: PICON, LOURDES M
Address: 528 WILMINGTON CIRCLE
City-St-Zip: OVIEDO, FL 32765

Title: TD () Delete
Name: CORTES, ANGEL R
Address: 218 BITTERWOOD STREET
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: ANGEL R. CORTES

TD

04/16/2007

Electronic Signature of Signing Officer or Director

Date