

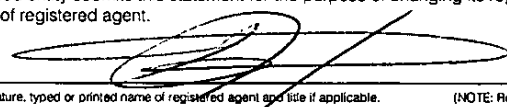
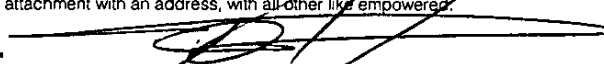


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2005 8:00 am
Secretary of State

06-22-2005 90078 044 ****70.00

DOCUMENT # N02000000002					
1. Entity Name SHADDAI INTERNATIONAL OUTREACH MINISTRY INC.					
Principal Place of Business 2890 NW 160 ST HOUSE MIAMI, FL 33054			Mailing Address 2890 NW 160 ST MIAMI, FL 33054		
2. Principal Place of Business 2890 N.W. 160 ST HOUSE		3. Mailing Address 2890 N.W. 160 ST HOUSE			
Suite, Apt. #, etc. HOUSE		Suite, Apt. #, etc. HOUSE			
City & State MIAMI FL		City & State MIAMI FL		05232005 Chg-NP CR2E037 (10/03)	
Zip 33054		Country USA		4. FEI Number 26-0007733	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent LOPEZ, REINERIO 2890 NW 160 ST MIAMI, FL 33054		7. Name and Address of New Registered Agent Name REINERIO LOPEZ Street Address (P.O. Box Number is Not Acceptable) 2890 N.W. 160 ST City MIAMI FL Zip Code 33054			
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  DATE 6/16/05 <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 September 7, 2005		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	DP LOPEZ, REINERIO 2890 NW 160 ST MIAMI, FL 33054	<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	DV VALENTINE, LINDA 8220 SW 65TH AVE APT D5 MIAMI, FL 33143	<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 TURNER, ARENA 723 NW 73 ST MIAMI, FL 33150	<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	DT LOPEZ, BRIGINA 2890 NW 160 ST MIAMI, FL 33054	<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	DT LOCKHART, MAULEEN 650 NE 61 ST MIAMI, FL 33137	<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 BOWE, MICHELLE 7794 MIRAMAR PKWY MIRAMAR, FL	<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:  DATE 6/16/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					