

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2006 8:00 am
Secretary of State

08-03-2006 90001 001 ****70.00

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| DOCUMENT # N02000000002 | |
| 1. Entity Name SHADDAI INTERNATIONAL OUTREACH MINISTRY INC. | |



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| Principal Place of Business 2890 NW 160 ST MIAMI, FL 33054 | Mailing Address 2890 NW 160 ST MIAMI, FL 33054 |
|--|--|

50024000



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|---|-------------------------|---|-------------------------|
| 2. Principal Place of Business 2890 NW 160 ST | | 3. Mailing Address 2890 NW 160 ST | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State MIAMI FL | | City & State MIAMI FL | |
| Zip 33054 | Country U.S.A | Zip 33054 | Country U.S.A |

07172006 Chg-NP CR2E037 (4/06)

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| 4. FEI Number 26-0007733 | | Applied For <input type="checkbox"/> Not Applicable |
| 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 LOPEZ, REINERIO 2890 NW 160 ST MIAMI, FL 33054 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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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 *Reinerio Lopez* *[Signature]* *7/27/06*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

| | | |
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| Filing Fee is \$61.25 Due by September 6, 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 |
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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 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 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: *Reinerio Lopez* *[Signature]* *7/27/06*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #