


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000000002					
1. Entity Name SHADDAI INTERNATIONAL OUTREACH MINISTRY INC.					
Principal Place of Business 2890 NW 160 ST MIAMI, FL 33054			Mailing Address 2890 NW 160 ST MIAMI, FL 33054		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 26-0007733	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LOPEZ, REINERIO 2890 NW 160 ST MIAMI, FL 33054			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 14, 2007		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	DP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, REINERIO			NAME	500109881995
STREET ADDRESS	2890 NW 160 ST			STREET ADDRESS	09/25/07--01019--017 **70.00
CITY-ST-ZIP	MIAMI, FL 33054			CITY-ST-ZIP	<i>9/24</i>
TITLE	DV	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALENTINE, LINDA			NAME	
STREET ADDRESS	8220 SW 65TH AVE APT D5			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33143			CITY-ST-ZIP	
TITLE	DS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, ARENA			NAME	
STREET ADDRESS	723 NW 73 ST			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33150			CITY-ST-ZIP	
TITLE	DT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, BRIGINA			NAME	
STREET ADDRESS	2890 NW 160 ST			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33054			CITY-ST-ZIP	
TITLE	DT	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOCKHART, MAULEEN			NAME	
STREET ADDRESS	650 NE 61 ST			STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33137			CITY-ST-ZIP	
TITLE	DS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWE, MICHELLE			NAME	
STREET ADDRESS	7794 MIRAMAR PKWY			STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR, FL			CITY-ST-ZIP	
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: <i>Reinerio Lopez</i>				Date: <i>7/14/2007</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Daytime Phone #</small>	

FILED
07 SEP 19 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07122007 Chg-NP CR2E037 (12/06)

FL Zip Code

305-628-3579