## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000000799

FILED Apr 17, 2006 Secretary of State

Entity Name: MINISTERIOS EL SHADDALELORIDA INC.

C 1	uineinal Dlace	of Business.	New Principal Place	of Business.
Current Principal Place of Business:		New Principal Place of Business:		
_	DHN YOUNG PI	ΚY		
D KISSIMME	EE, FL 34741			
Current Mailing Address:		New Mailing Address:		
	RON CIRCLE EE, FL 34746			
FEI Number	: 59-3750595	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:		
COLOMA, 2714 EAG	, ILEANA ILE GLEN CIRC	. =		
KISSIIVIIVIE	EE, FL 34746	US		
The above	EE, FL 34746	US	purpose of changing its registere	ed office or registered agent, or both,
The above	EE, FL 34746 e named entity s e of Florida. RE:	US ubmits this statement for the		
The above in the Stat	EE, FL 34746 e named entity s e of Florida. RE:	US		ed office or registered agent, or both,  Date
The above in the Stat SIGNATU	EE, FL 34746 e named entity s e of Florida. RE:	US  ubmits this statement for the control of the control of Registered Agency (Control of Regist	ent	
The above in the State SIGNATU  OFFICER  Title: Name: Address:	e named entity see of Florida.  RE: Electroni  S AND DIRECT	ubmits this statement for the ubmits this statement for the c Signature of Registered Agronal Corporation (Corporation) and the corporation (C	ent	Date
The above in the Stat SIGNATU	EE, FL 34746  e named entity s e of Florida.  RE:  Electroni  S AND DIRECT  PD ()  ABUCHAR, CES. 2473 HURON CI KISSIMMEE, FL	ubmits this statement for the ubmits this statement for the c Signature of Registered Agrores:  Delete AR R RCLE 34746  Delete AN R RCLE RCLE RCLE	ent  ADDITIONS/CHANG  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the 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: LILIAN ROSY ABUCHAR TD 04/17/2006