2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000799

Feb 24, 2009 Secretary of State

Entity Name: MINISTERIOS EL SHADDAI FLORIDA INC.

Current Principal Place of Business: New Principal Place of Business: 1350 S. JOHN YOUNG PKY KISSIMMEE, FL 34741 **New Mailing Address: Current Mailing Address:** 2473 HURON CIRCLE 1350 S. JOHN YOUNG PKY KISSIMMEE, FL 34746 KISSIMMEE, FL 34741 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, ILEANA 2714 EAGLE GLEN CIRCLE KISSIMMEE, FL 34746 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete COLOMA, ILEANA COLOMA, MELVIN R Name: Name: 2714 EAGLE GLEN CIR Address: 2714 EAGLE GLEN CIR Address: City-St-Zip: KISSIMMEE, FL 34746 City-St-Zip: KISSIMMEE, FL 34746 (X) Change () Addition Title: () Delete Title: Name: COLOMA, MELVIN Name: COLOMA, ILEANA Address: 2714 EAGLE GLEN CIRCLE Address: 2714 EAGLE GLEN CIRCLE City-St-Zip: KISSIMMEE, FL 34746 City-St-Zip: KISSIMMEE, FL 34746 Title: () Delete Title: SD () Change (X) Addition COLOMA, MARIA G Name: Name: 2708 EAGLE CANYON DR. S. Address: Address: City-St-Zip: City-St-Zip: KISSIMMEE, FL 34746 Title: () Delete Title: TRE () Change (X) Addition Name: Name: COLOMA, HECTOR A Address: Address: 2708 EAGLE CANNYON DR.S. City-St-Zip: City-St-Zip: KISSIMMEE, FL 34746

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: ILEANA COLOMA **VP** 02/24/2009