2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001062

FILED May 31, 2007 Secretary of State

Entity Name: CENTRO CRISTIANO OASIS DE BENDICION, INC.

Current P	rincipal Place of Business:	New Principal F	New Principal Place of Business:	
14904 WHITE MAGNOLIA CT ORLANDO, FL 32824			2001 W VINE STREET KISSIMMEE, FL 34741	
Current Mailing Address:		New Mailing Ac	New Mailing Address:	
	IITE MAGNOLIA CT D, FL 32824			
In accordan	: 80-0032634 FEI Number Applied For() ice with s. 607.193(2)(b), F.S., the corporation did no I Address of Current Registered Agent:		() Certificate of Status Desired () ress of New Registered Agent:	
	ARLOS IITE MAGNOLIA CT D, FL 32824 US			
	named entity submits this statement for the $\mbox{$\mathfrak{p}$}$ e of Florida.	ourpose of changing its reg	istered office or registered agent, or both,	
SIGNATU	RE:			
	Electronic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () Delete CLASS, CARLOS 14904 WHITE MAGNOLIA CT ORLANDO, FL 32824	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	D () Delete CLASS, MAGALY 14904 WHITE MAGNOLIA CT ORLANDO, FL 32824	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete SOTO, AIDA L 14904 WHITE MAGNOLIA CT ORLANDO, FL 32824	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	C () Delete VELEZ, ANA 1810 CONCORD CIRCLE, APT. G KISSIMMEE, FL 34741	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	C () Delete HERNANDEZ, FRANCISCO 1133 DARTFORD DRIVE KISSIMMEE, FL 34758	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	C () Delete LUGO, LUCY 1215 PLEASANT OAK COURT KISSIMMEE, FL 34741	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: CARLOS CLASS P 05/31/2007