


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000002752 1. Entity Name KARIZMA OUTREACH, INC.	
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Principal Place of Business 1164 NW 75TH STREET MIAMI, FL 33150	Mailing Address 1144 N.W. 75 ST. MIAMI, FL 33150
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05312007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0595565	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAIN-REVELL, PRUCHELLE
 1164 NW 75TH STREET
 MIAMI, FL 33150

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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: *Pruchelle Revell* DATE: *5/30/07*

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD BAIN-REVELL, PRUCHELLE 1164 NW 75TH STREET MIAMI, FL 33150
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD BAIN-HUDSON, SHARHONDRA 365 NE 205 TERRACE MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WANDA, IVY 1144 NW 75 STREET MIAMI, FL 33150
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD JOESPH, BAIN 7182 NW . 16 AVE MIAMI, FL 33150
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000765870
 06/05/07-80001-005 70.00

DO NOT WRITE IN THIS SPACE

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: *Pruchelle Revell* DATE: *5/30/07*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #