2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006
Secretary of State

DOCUMENT# N02000003803

Entity Name: STEVAO MINISTRIES, INC.

Current Principal Place of Business:

10108 ABINGTON PLACE
TAMPA, FL 33624

New Principal Place of Business:

Current Mailing Address:

10108 ABINGTON PLACE
TAMPA, FL 33624

New Mailing Address:

FEI Number: 16-1616787 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEVAO, JOEL MARCOS
10108 ABINGTON PLACE
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

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:

Title: DP ( ) Delete
Name: STEVAO, JOEL M
Address: 10108 ABINGTON PLACE
City-St-Zip: TAMPA, FL 33624

Title: CEO ( ) Delete
Name: STEVAO, JOEL M
Address: 10108 ABINGTON PLACE
City-St-Zip: TAMPA, FL 33624

Title: DV ( ) Delete
Name: THIEME, ALBERTO
Address: 3217 HIDDEN COVE DR
City-St-Zip: PLANO, TX 75075

Title: T ( ) Delete
Name: CARVALHO, DORIS N
Address: 301 BELCHER RD # 3201
City-St-Zip: LARGO, FL 33771

Title: S ( ) Delete
Name: STEVAO, PRISCILA V
Address: 10108 ABINGTON PLACE
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JOEL M STEVAO DP 03/29/2006

Electronic Signature of Signing Officer or Director — Date