2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2006
Secretary of State

DOCUMENT# N02000004032

Entity Name: MISION HISPANA ADONAI, INC.

Current Principal Place of Business:

6590 GOLDEN GATE PARKWAY
NAPLES, FL 34105

New Principal Place of Business:

Current Mailing Address:

6590 GOLDEN GATE PARKWAY
NAPLES, FL 34105

New Mailing Address:

FEI Number: 04-3668606 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BEDOYA MURILLO, JOSE M
188 FURSE LAKES CIR #5
NAPLES, FL 34104 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: TD ( ) Delete
Name: ARANGO MEJIA, ANGELA V
Address: 188 FURSE LAKES CIR #5
City-St-Zip: NAPLES, FL 34104

Title: VD ( ) Delete
Name: VALDES, ONAY
Address: 3230 29AV NE
City-St-Zip: NAPLES, FL 34120

Title: PD ( ) Delete
Name: BEDOYA MURILLO, JOSE M
Address: 188 FURSE LAKES CIR #5
City-St-Zip: NAPLES, FL 34104

Title: SD ( ) Delete
Name: VAZQUEZ, ILEANA
Address: 3230 29AV NE
City-St-Zip: NAPLES, FL 34120

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:

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: ILEANA VAZQUEZ SD 01/18/2006

Electronic Signature of Signing Officer or Director — Date