2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N02000007260

Entity Name: MINISTERIO EVANGELISTICO LINAJE ESCOGIDO, INC.

Current Principal Place of Business:

7216 E CHELSEA ST
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

7216 E CHELSEA ST
TAMPA, FL 33610

New Mailing Address:

FEI Number: 54-2085284 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ROBLES, SAMUEL
7216 E CHELSEA ST
TAMPA, FL 33610 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: PD ( ) Delete
Name: ROBLES, SAMUEL
Address: 7216 E CHELSEA ST
City-St-Zip: TAMPA, FL 33610

Title: SD ( ) Delete
Name: ORTEGA, EVELYN R
Address: 7216 E CHELSEA ST
City-St-Zip: TAMPA, FL 33610

Title: D ( ) Delete
Name: ROBLES, SAMUEL JR.
Address: 1509 PRESTON DR.
City-St-Zip: WEST PALM BEACH, FL 33406

Title: D ( ) Delete
Name: ROBLES, ABDIEL S
Address: 7216 E CHELSEA ST
City-St-Zip: TAMPA, FL 33610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: ROBLES, SAMUEL JR.
Address: 1159 PRESTON DR.
City-St-Zip: WEST PALM BEACH, FL 33406

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

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: SAMUEL ROBLES P 04/30/2008

Electronic Signature of Signing Officer or Director — Date