


**NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90253 047 ****70.00

DOCUMENT # <i>No 2000008030</i>	
1. Entity Name <i>Iglesia Pentecostal Restauracion y vida inc.</i>	
DO NOT WRITE IN THIS SPACE	

60035615

CR2E037B (8/05)

2. Principal Place of Business <i>400 W Baker ST</i> Suite, Apt. #, etc.		3. Mailing Address <i>2005 W Bahl ST</i> Suite, Apt. #, etc.	
City & State <i>Plant City FL</i> Zip <i>33563</i>	Country <i>US</i>	City & State <i>Plant City FL</i> Zip <i>33563</i>	Country <i>US</i>
4. FEI Number		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City <i>FL</i>	Zip Code

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 *José F Maldonado* DATE *4/30/06*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25 Initial or Amended AR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			
TITLE <i>PLD</i>	NAME <i>maldonado Jose F</i>	TITLE	DO NOT WRITE IN THIS SPACE
STREET ADDRESS <i>2005 W Bahl ST</i>	STREET ADDRESS	NAME	
CITY-ST-ZIP <i>Plant city FL- 33563</i>	CITY-ST-ZIP	STREET ADDRESS	
TITLE <i>V/D</i>	NAME <i>santiago Felisa</i>	TITLE	
STREET ADDRESS <i>507 N. Thomas ST</i>	STREET ADDRESS	NAME	
CITY-ST-ZIP <i>Plant city FL 0-3363</i>	CITY-ST-ZIP	STREET ADDRESS	
TITLE <i>S/D</i>	NAME <i>Cervasquillo Nydia L.</i>	TITLE	DO NOT WRITE IN THIS SPACE
STREET ADDRESS <i>2805 N Lena ave.</i>	STREET ADDRESS	NAME	
CITY-ST-ZIP <i>seffner FL 33566</i>	CITY-ST-ZIP	STREET ADDRESS	
TITLE <i>T/D</i>	NAME <i>maldonado Aida</i>	TITLE	
STREET ADDRESS <i>2005 W Bahl ST</i>	STREET ADDRESS	NAME	
CITY-ST-ZIP <i>Plant city FL- 33563</i>	CITY-ST-ZIP	STREET ADDRESS	
TITLE <i>D</i>	NAME <i>santiago Jose</i>	TITLE	DO NOT WRITE IN THIS SPACE
STREET ADDRESS <i>507 N. Thomas ST</i>	STREET ADDRESS	NAME	
CITY-ST-ZIP <i>Plant city FL 33563</i>	CITY-ST-ZIP	STREET ADDRESS	
TITLE	NAME	TITLE	
STREET ADDRESS	STREET ADDRESS	NAME	
CITY-ST-ZIP	CITY-ST-ZIP	STREET ADDRESS	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Rev. José F Maldonado* DATE *4/30/06* *813.764-9219*