2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000283

Address:

City-St-Zip:

5840 DAHLIA DRIVE #8

ORLANDO, FL 32807

Entity Name: MINISTERIO UN TOQUE DE DIOS INC

FILED Apr 27, 2007 Secretary of State

Littly Nai	HE. WIINSTERI	O ON TOQUE DE DIOS, INC	, .			
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
	EMORAN BLVD.), FL 32822	SUITE 18A				
Current Mailing Address:			New Maili	New Mailing Address:		
5449 S. SEMORAN BLVD. SUITE 18A ORLANDO, FL 32822				6913 LONG NEEDLE CT ORLANDO, FL 32822		
FEI Number:	56-2310071	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
5449 S. SE SUITE 18A	EZ, SANDRA I EMORAN BLVD. N O, FL 32822 US					
	named entity รเ e of Florida.	bmits this statement for the p	ourpose of changing i	ts registered	d office or registered agent, or both,	
SIGNATUR	RE:					
Electronic Signature of Registered Agent			ent	Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D ()E BERMUDEZ, SAN P.O BOX 621743 ORLANDO, FL 3	3	Title: Name: Address: City-St-Zip:		()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () E BERMUDEZ, JOF P.O BOX 621743 ORLANDO, FL 3		Title: Name: Address: City-St-Zip:		()Change ()Addition	
Title: Name: Address: City-St-Zip:	SEC () E COLON, RUTH 1100 ROMANO A ORLANDO, FL 3		Title: Name: Address: City-St-Zip:	TRE DAMARIS, S P.O. BOX 62 ORLANDO, F	1743	
Title: Name:	TRES (X) [ORTIZ, SAUL	Delete	Title: Name:		() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: SANDRA I. BERMUDEZ DIR 04/27/2007