


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 09, 2005 8:00 am
Secretary of State

09-09-2005 90030 046 ****61.25

DOCUMENT # N03000001319 1. Entity Name IGLESIA DE DIOS AGUA DE VIDA IN KISSIMMEE, INC.	
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Principal Place of Business 1140 PARNELL ST KISSIMMEE, FL 34741	Mailing Address 1140 PARNELL ST KISSIMMEE, FL 34741
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DO NOT WRITE IN THIS SPACE



09022005 No Chg-NP CR2E037 (10/03)

4. FEI Number 57-1156063	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CARRO, SARA
2540 LONG BRANCH CT
KISSIMMEE, FL 34744**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CARRO, SARA 2540 LONG BRANCH CT KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, EDWIN 3233 WINDMILL BLVD KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEBRON, ANGEL 11217 DORMER WAY ORLANDO, FL 32737
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sara Carro* 9-3-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #