2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2006
Secretary of State

DOCUMENT# N03000002961

Entity Name: IGLESIA FUENTE DE AMOR Y DE VIDA INC.

Current Principal Place of Business:

3302 MT LAKE CUT OFF
LAKE WALES, FL 33852

New Principal Place of Business:

3302 MT LAKE CUT OFF RD.
LAKE WALES, FL 33852

Current Mailing Address:

P.O. BOX 816
DUNDEE, FL 33838

New Mailing Address:

FEI Number: 03-0453299 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PRADO, RAFAEL
4880 W. LK, ELOISE DR
WINTER HAVEN, FL 33880 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:	SP	( ) Delete
Name:	PRADO, RAFAEL	
Address:	P.O. BOX 816	
City-St-Zip:	DUNDEE, FL 33838	
Title:	P	( ) Delete
Name:	ISAU, CARDONA	
Address:	104 FIRST ST. W	
City-St-Zip:	WANNETTA, FL 33880	
Title:	S	( ) Delete
Name:	CARDONA, ROSALINDA	
Address:	P.O. BOX 882	
City-St-Zip:	LK HAMILTON, FL 33851	
Title:	D	( ) Delete
Name:	RAMIREZ, LETICIA	
Address:	300 HATCHINEHA	
City-St-Zip:	LK HAMILTON, FL 33851	

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: RAFAEL PRADO SP 04/04/2006

Electronic Signature of Signing Officer or Director — Date