

**2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Nov 09, 2007**  
**Secretary of State**

DOCUMENT# N03000003212

**Entity Name:** MINESTERIO EVANGELISTICO DESENMASCARANDO AL DIABLO, INC.**Current Principal Place of Business:**9718 NORTH NEBRASKA AVE.  
TAMPA, FL 33612**New Principal Place of Business:****Current Mailing Address:**513 SW 28TH ST  
CAPE CORAL, FL 33914**New Mailing Address:**2544 SW 15 AVE  
CAPE CORAL, FL 33914**FEI Number:** 30-0178768**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**BERMUDEZ, JESUS M  
513 SW 28TH ST  
CAPE CORAL, FL 33914 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: DP ( ) Delete  
Name: BERMUDEZ, JESUS M  
Address: 513 SW 28TH ST  
City-St-Zip: CAPE CORAL, FL 33914

Title: DST ( ) Delete  
Name: TORRES, DIANE  
Address: 513 SW 28TH ST  
City-St-Zip: CAPE CORAL, FL 33914

Title: D ( ) Delete  
Name: TORRES, DAVID  
Address: 513 SW 28TH ST  
City-St-Zip: CAPE CORAL, FL 33914

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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: FELICIANO, ELSAIN  
Address: 10706 NORTH 14 ST  
City-St-Zip: TAMPA, FL 33612

Title: D ( ) Change (X) Addition  
Name: SANCHEZ, AARON  
Address: 9718 NORTH NEBRASKA AVE  
City-St-Zip: TAMPA, FL 33612

Title: D ( ) Change (X) Addition  
Name: GONZALEZ, ELIZABETH  
Address: 1722 NW 5 ST  
City-St-Zip: CAPE CORAL, FL 33993

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: JESUS M BERMUDEZ

DP

11/09/2007

Electronic Signature of Signing Officer or Director

Date