2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000003212

FILED Jun 18, 2009 Secretary of State

Entity Name: MINESTERIO EVANGELISTICO DESENMASCARANDO AL DIABLO, INC.

Current Principal Place of Business: New Principal Place of Business: 9718 NORTH NEBRASKA AVE. TAMPA, FL 33612 **Current Mailing Address: 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 () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BERMUDEZ, JESUS M 513 SW 28TH ST CAPE CORAL, FL 33914 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DP (X) Change () Addition () Delete BERMUDEZ, JESUS M BERMUDEZ, JESUS M Name: Name: 513 SW 28TH ST Address: 9718 NORTH NEBRASKA AVE Address: City-St-Zip: CAPE CORAL, FL 33914 City-St-Zip: TAMPA, FL 33612 Title: DST Title: DST (X) Change () Addition () Delete TORRES, DIANE Name: TORRES, DIANE Name: Address: 513 SW 28TH ST Address: 2544 SW 15 AVE City-St-Zip: CAPE CORAL, FL 33914 City-St-Zip: CAPE CORAL, FL 33914 Title: () Delete Title: () Change () Addition FELICIANO, ELSAIN Name: Name: 10706 NORTH 14 ST Address: Address: City-St-Zip: TAMPA, FL 33612 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: SHELSEA, MAIK Name: CHELSEA, MAIK 9716 NORTH NEBRASKA AVE Address: Address: 2445 SW 16TH STREET City-St-Zip: TAMPA, FL 33614 City-St-Zip: CAPE CORAL, FL 33914 Title: () Delete Title: () Change () Addition GONZALEZ, ELIZABETH Name: Name: 1722 NW 5 ST Address: Address: City-St-Zip: CAPE CORAL, FL 33993 City-St-Zip:

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 06/18/2009