2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N03000005986

TI FILED

Feb 28, 2006

Secretary of State

Entity Name: MINISTERIO CRISTIANO PRINCIPE DE PAZ INC.

Current Principal Place of Business:	New Principal Place of Business:
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1315 HOMESTEAD ROAD UNIT E LEHIGH ACRES, FL 33970

Current Mailing Address: New Mailing Address:

P.O. BOX 1077 LEHIGH ACRES, FL 33970

FEI Number: 65-1204330 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SANTOS, YOLANDA 200 E 5TH STREET LEHIGH ACRES, FL 33936

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:

Flateria Circulus of Business I Asset

Electronic Signature of Registered Agent

US

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P () Delete
 Title:
 P (X) Change () Addition

 Name:
 SANTOS, JONATHAN
 Name:
 VALENTIN, CARLOS

 Address:
 200 E. 5TH STREET
 Address:
 5004 BALMER ST.

 City-St-Zip:
 LEHIGH ACRES, FL 33972
 LEHIGH ACRES, FL 33971

Title: T () Delete Title: () Change () Addition

 Name:
 LOPEZ, JESUS
 Name:

 Address:
 3100 E. 3RD ST
 Address:

 City-St-Zip:
 LEHIGH ACRES, FL 33972
 City-St-Zip:

 $\label{eq:title:S} {\sf Title:} \qquad {\sf S} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf VP} \qquad ({\sf X}) \, {\sf Change} \, (\) \, {\sf Addition}$

 Name:
 RODRIGUEZ, COSME
 Name:
 SANTOS, JONATHAN

 Address:
 207 TRUMAN
 Address:
 200 E. 5TH ST.

City-St-Zip: LEHIGH ACRES, FL 33972 City-St-Zip: LEHIGH ACRES, FL 33936

Title: D () Delete Title: () Change () Addition

 Name:
 SOTO, HEDIBERTO
 Name:

 Address:
 416 CANDLEWICK
 Address:

 City-St-Zip:
 LEHIGH ACRES, FL 33972
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 OSSA, ARTURO
 Name:

 Address:
 207 TRUMAN
 Address:

 City-St-Zip:
 LEHIGH ACRES, FL 33972
 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: JONATHAN SANTOS VP 02/28/2006