2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006
Secretary of State

DOCUMENT# N03000008286

Entity Name: IGLESIA CRISTIANA REFUGIO ETERNO, INC.

Current Principal Place of Business:

335 GENEVA DRIVE
OVIEDO, FL 32765 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 621853
OVIEDO, FL 32762 US

New Mailing Address:

FEI Number: 06-1711490 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CUEVAS, ELIEZER SR.
909 SOUTH MILLS AVENUE
ORLANDO, FL 32806 US

Name and Address of New Registered Agent:

CUEVAS, ELIEZER SR.
61 LAWN STREET
OVIEDO, FL 32765 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: _____ 04/05/2006
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CUEVAS, ELIEZER SR.
Address: 909 SOUTH MILLS AVENUE
City-St-Zip: ORLANDO, FL 32806 US

Title: SEC. ( ) Delete
Name: CUEVAS, CARMEN M
Address: 909 SOUTH MILLS AVENUE
City-St-Zip: ORLANDO, FL 32806 US

Title: TRES ( ) Delete
Name: RUIZ, JESUS
Address: 1055 CORKWOOD DRIVE
City-St-Zip: OVIEDO, FL 32765 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CUEVAS, ELIEZER SR.
Address: 61 LAWN STREET
City-St-Zip: OVIEDO, FL 32765 US

Title: SEC. (X) Change ( ) Addition
Name: CUEVAS, CARMEN M
Address: 61 LAWN STREET
City-St-Zip: OVIEDO, FL 32765 US

Title: TRES (X) Change ( ) Addition
Name: CUEVAS, PABLO S
Address: 61 LAWN STREET
City-St-Zip: OVIEDO, FL 32765 US

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: ELIEZER CUEVAS SR. P 04/05/2006
Electronic Signature of Signing Officer or Director — Date