


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000008601 1. Entity Name CENTRO DE ADORACION REFUGIO ETERNO, INC.	
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Principal Place of Business 911 SPRINGDALE CIRCLE PALM SPRINGS, FL 33461	Mailing Address 911 SPRINGDALE CIRCLE PALM SPRINGS, FL 33461
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02142006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0369988	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FONTANEZ, VALENTIN 911 SPRINGDALE CIR LAKE WORTH, FL 33461	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE Registered Agent signature required when reinstating) DATE _____

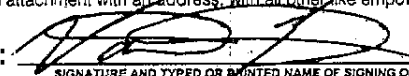
Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FONTANEZ, VALENTIN PASTOR 911 SPRINGDALE CIRCLE PALM SPRINGS, FL 33461
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROSARIO, MONSEY 2717 FLORIDA BLVD. #525 DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NIEVES, WANDA 911 SPRINGDALE CIRCLE PALM SPRINGS, FL 33461
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GONAZALEZ, RAFAEL 1104 MANGO DR. WEST PALM BEACH, FL 33415
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GONZALEZ, ANAYADA 4746 CRESTHAVEN BLVD #3 WEST PALM BEACH, FL 33415
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000550210
05/19/06-80052-005 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4-26-06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #