


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90214 023 ****75.00

DOCUMENT # N03000009107	
1. Entity Name MINISTERIO UNIDOS POR CRISTO, INC.	

Principal Place of Business 3702 CARROLLWOOD PL. CIR., APT. 204 TAMPA, FL 33624-3073	Mailing Address 3702 CARROLLWOOD PL. CIR., APT. 204 TAMPA, FL 33624-3073
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60032954



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04192006 Chg-NP CR2E037 (11/05)

4. FEI Number 36-4543666	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GONCALVES, AFONSO H 3702 CARROLLWOOD PL. CIR., APT. 204 TAMPA, FL 33624-3073	7. Name and Address of New Registered Agent Name GONCALVES AFONSO H Street Address (P.O. Box Number is Not Acceptable) 3702 CARROLLWOOD PL CR APT 204 City Tampa FL Zip Code 33624 3073
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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 Afonso Henrique Goncalves *also H.* DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GONCALVES, AFONSO H 3702 CARROLLWOOD PL. CIR., APT. 204 TAMPA, FL 336243073 <i>same</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Goncalves Afonso H 3702 Carrollwood Pl CR APT 204 Tampa FL 33624 3073	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HERNANDEZ, REYNALDO 2706 W. WATERS AVE. TAMPA, FL 336141837 <i>same.</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Hernandez Reynaldo 2710 W. Water Ave Tampa FL 33614 1837	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FERNANDEZ, GUSTAVO U 2706 W. WATERS AVE. TAMPA, FL 336141837 <i>change.</i>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Argote ALVARO 2710 W. Water Ave Tampa FL 33614 1837	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *also H.* **Tampa 18 de Abril 2006**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

813 786 7859.