2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006
Secretary of State

DOCUMENT# N04000002883

Entity Name: COMUNIDAD CRISTIANA LATINOAMERICANA, INC.

Current Principal Place of Business:

7600 LYONS ROAD
COCONUT CREEK, FL 33073

New Principal Place of Business:

Current Mailing Address:

4069 CARAMBOLA CIRCLE NORTH
COCONUT CREEK, FL 33066

New Mailing Address:

FEI Number: 20-0901897 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REYES, JOHANA
4069 CARAMBOLA CIRCLE NORTH
COCONUT CREEK, FL, FL 33066 US

Name and Address of New Registered Agent:

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:

Title: PCEO ( ) Delete
Name: VILLAMIZAR, RUTH
Address: 4069 CARAMBOLA CIRCLE NORTH
City-St-Zip: COCONUT CREEK, FL 33066

Title: SD ( ) Delete
Name: REYES, JOHANA
Address: 4069 CARAMBOLA CIRCLE NORTH
City-St-Zip: COCONUT CREEK, FL 33066

Title: D ( ) Delete
Name: MARTHA, VILLAMIZAR
Address: 6701 NW 37TH AVE
City-St-Zip: MIAMI, FL 33147

Title: D ( ) Delete
Name: VILLAMIZAR, RUTH
Address: 4069 CARAMBOLA CIRCLE NORTH
City-St-Zip: COCONUT CREEK, FL 33066

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: JOHANA REYES SD 04/26/2006

Electronic Signature of Signing Officer or Director — Date