2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002918

FILED Feb 27, 2008 Secretary of State

Entity Name: IGLESIA CENTRO DE RESTAURACION EL MANTO DEL PODER DEL ESPIRITU SANTO INC.

Current Principal Place of Business: New Principal Place of Business:

572 IMPERIAL PLACE 1615 POMPANO WAY KISSIMMEE, FL 34758 KISSIMMEE, FL 34759

Current Mailing Address: New Mailing Address:

572 IMPERIAL PLACE 1615 POMPANO WAY KISSIMMEE, FL 34758 KISSIMMEE, FL 34759

FEI Number: 80-0104409 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

RIVERA, ABIGALEONEL
572 IMPERIAL PLACE
KISSIMMEE, FL 34758 US
RIVERA, ABIGAL L
1615 POMPANO WAY
KISSIMMEE, FL 34759 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: ABIGAL LEONER RIVERA 02/27/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT () Delete Title: PT (X) Change () Addition Name: RIVERA, ABIGAL E PT RIVERA, ABIGAL L PT RIVERA, ABIGAL L PT

Address: 572 IMPERIAL PLACE Address: 1615 POMPANO WAY
City-St-Zip: KISSIMMEE, FL 34758 City-St-Zip: KISSIMMEE, FL 34759

Title: VT () Delete Title: VT (X) Change () Addition Name: RIVERA, LILLIAN Name: RIVERA, LILLIAN

Address: 572 IMPERIAL PLACE Address: 1615 POMPANO WAY
City-St-Zip: KISSIMMEE, FL 34758 City-St-Zip: KISSIMMEE, FL 34759

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

 Name:
 PLANEDEBALL, JUAN
 Name:

 Address:
 505 KOALA DR.
 Address:

 City-St-Zip:
 KISSIMMEE, FL 34759
 City-St-Zip:

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

 Name:
 PLANEDEBALL, BLANCA M
 Name:

 Address:
 505 KOALA DR.
 Address:

 City-St-Zip:
 KISSIMMEE, FL 34759
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ABIGAL LEONER RIVERA PRES 02/27/2008