2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003102

FILED Jan 05, 2006 Secretary of State

Entity Name: CHURCH OF GOD CHRIST IS MY VICTORY, INCORPORATED

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

12825 NE 2 AVE 420 NW.116STREET MIAMI, FL 33161 420 NW.116STREET MIAMI, FL 33168

Current Mailing Address: New Mailing Address:

441 NW 116 ST MIAMI, FL 33168

FEI Number: 92-0187131 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

 SALOMON, YONAS
 SALOMON, JONAS

 441 NW 116 ST
 441 NW 116 ST

 MIAMI, FL 33168
 US

 MIAMI, FL 33168
 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: JONAS SALOMON 01/05/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: DP (X) Change () Addition Name: ANDRE, CENOU Name: ANDRE, CENOU

Address: 12825 NE 2 AVE Address: 420 NW. 116STREET City-St-Zip: MIAMI, FL 33161 City-St-Zip: MIAMI, FL 33168

Title: DV () Delete Title: () Change () Addition Name: RAYMOND, LEGITIME Name:

 Address:
 1143 NW 15 ST
 Address:
 Address:

 City-St-Zip:
 FT LAUDERDALE, FL 33311
 City-St-Zip:

Title: DS () Delete Title: DS (X) Change () Addition Name: SALOMON, YONAS Name: SALOMON, JONAS

 Address:
 441 NW 116 ST
 Address:
 441 NW 116 ST

 City-St-Zip:
 MIAMI, FL 33168
 City-St-Zip:
 MIAMI, FL 33168

Title: DS () Delete Title: () Change () Addition

 Name:
 ST VIL, SILFIDA D
 Name:

 Address:
 13251 MEMORIAL HWY
 Address:

 City-St-Zip:
 N MIAMI, FL 33161
 City-St-Zip:

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

 Name:
 FICHEL, SHÈILA
 Name:
 MICHEL, SHÈILA

 Address:
 12300 NE 4 AVE
 Address:
 12300 NE 4 AVE

 City-St-Zip:
 MIAMI, FL 33161
 City-St-Zip:
 MIAMI, FL 33161

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

 Name:
 ST JULIEN, FÄRIE
 Name:
 ANDRE, CLERMENTINE

 Address:
 12300 NE 4 AVE
 Address:
 420 NW. 116STREET

 City-St-Zip:
 MIAMI, FL 33161
 City-St-Zip:
 MIAMI, FL 33168

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: ANDRE CENOU DP 01/05/2006

Electronic Signature of Signing Officer or Director

Date