

06-08-2007 90001 037 ****65.25

DOCUMENT # N04000004966							
1. Entity Name EGLISE PRIMITIVE DEGETHSAMANE INC				40160111			
Principal Place of Business 6800 SILVER STAR RD SUITE 116 ORLANDO, FL 32818 US		Mailing Address 6900 SILVER STAR RD SUITE 116 ORLANDO, FL 32818 US					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		04112007 Chg-NP CR2E007 (12/06)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 11-3718935			
City & State		City & State		Applied For Not Applicable			
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$3.75 Additional Fee Required			
6. Name and Address of Current Registered Agent ELIE, LOUPSSEAU 6318 W COLONIAL DR ORLANDO, FL 32818				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when appropriate) DATE							
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees			
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
	ELIE, LOUPSSEAU	6318 W COLONIAL DR	ORLANDO, FL 32818				
	VP	COICOU, PAUL	8310 SNOWFIRE DR				
	TRES	PIERRE, JOSEPH	1570 LAUREL HILL DR				
12. I hereby certify that the information supplied with this filing is true and accurate for the exemptions contained in Chapter 110, 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 no position or officeholder.				05-04-07			
SIGNATURE: _____				DATE: _____			

ATTACHMENT

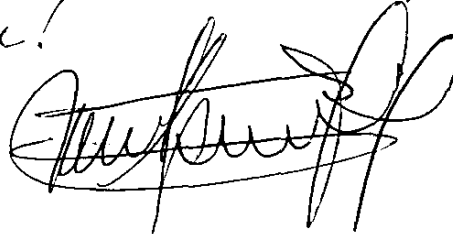
40120171

Please be advised, I have sent
to you a check for 65, 25 cents - on
April 16/07.

The check number is 1118 I want
you to find out for me

God Bless You!

Thank you

A handwritten signature in cursive script, appearing to read "M. Smith", enclosed within a hand-drawn oval.