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Secretary of State
06-08-2007 90001 037 ****65.25

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000004966

1. Entity Name
EGLISE PRIMITIVE DEGETHSAMANE INC

Principal Place of Business	Mailing Address
6900 SILVER STAR RD SUITE 116 ORLANDO, FL 32818 US	6900 SILVER STAR RD SUITE 116 ORLANDO, FL 32818 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04112007 Chg-NP CR2E037 (12/06)

4. FEI Number 11-3718935 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ELIE, LOUPSSEAU 6318 W COLONIAL DR ORLANDO, FL 32818	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when changing)

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-ST-ZIP	P ELIE, LOUPSSEAU 6318 W COLONIAL DR ORLANDO, FL 32818	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP COICOU, PAUL 6310 SNOWFIRE DR ORLANDO, FL 32818	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP. Money-G. Etienne 2816 Pioneer Rd Orlando, FL 32808.	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRES PIERRE, JOSEPH 1570 LAUREL HILL DR ORLANDO, FL 32818	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP			TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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 the proper designation.

SIGNATURE: _____ 05-04-07
Signature of an authorized officer or director 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 1119 I want you to find out for me
Thank you
God bless you!