2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2006
Secretary of State

DOCUMENT# N04000005375

Entity Name: KAIROS MINISTRIES OF PERU, INC

Current Principal Place of Business:

527 SOUTHERN CHARM DR.
ORLANDO, FL 32807

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 574234
ORLANDO, FL 32857

New Mailing Address:

FEI Number: 00-0005375 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BERMUDEZ, GUSTAVO
527 SOUTHERN CHARM DR.
ORLANDO, FL 32807 US

Name and Address of New Registered Agent:

BERMUDEZ, GUSTAVO
645 EAST ROSEWOOD LANE
TAVARES, FL 32778 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: GUSTAVO BERMUDEZ 01/16/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BERMUDEZ, GUSTAVO
Address: 527 SOUTHERN CHARM DR.
City-St-Zip: ORLANDO, FL 32807 OR

Title: VP ( ) Delete
Name: PEREZ, DAVID
Address: 1645 WATAUGA AV. APT. 101
City-St-Zip: ORLANDO, FL 32812 OR

Title: RVD. ( ) Delete
Name: MALPARTIDA, NOÉ
Address: AVENIDA LAS COLINAS 131
City-St-Zip: IQUITOS, PERU, SA 284 PE

Title: SEC. ( ) Delete
Name: ALMARALES, MARTA
Address: 5200 0LD CHENEY HIGH WAY
City-St-Zip: ORLANDO, FL 32807 OR

Title: TREA ( ) Delete
Name: PEREZ, IVIS
Address: 1645 WATAUGA AV. APT. 101
City-St-Zip: ORLANDO, FL 32812 OR

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BERMUDEZ, GUSTAVO
Address: 645 EAST ROSEWOOD LANE
City-St-Zip: TAVARES, FL 32778 OR

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: GUSTAVO BERMUDEZ PRES 01/16/2006
Electronic Signature of Signing Officer or Director Date