
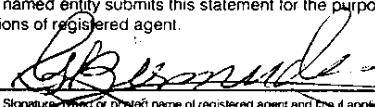
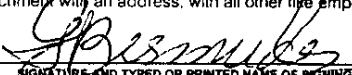


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2007 8:00 am**  
**Secretary of State**

01-26-2007 90032 015 \*\*\*\*61.25

<b>DOCUMENT # N04000005375</b> 1. Entity Name <b>KAIROS MINISTRIES OF PERU, INC</b>					
Principal Place of Business <del>527 SOUTHERN CHARM DR</del> <del>ORLANDO, FL 32807</del> <b>645 E ROSEWOOD LN</b> <b>TAVARES, FL 32778</b>			Mailing Address <b>P. O. BOX 574234</b> <b>ORLANDO, FL 32857</b>		
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	4. FEI Number <b>00-0005375</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BERMUDEZ, GUSTAVO</b> <b>645 EAST ROSEWOOD LANE</b> <b>TAVARES, FL 32778</b>			Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature typed or printed name of registered agent and true if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>BERMUDEZ, GUSTAVO</b>	NAME			
STREET ADDRESS	<b>645 EAST ROSEWOOD LANE</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>TAVARES, FL 32778</b>	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>PEREZ, DAVID</b>	NAME	<b>PEREZ DAVID</b>		
STREET ADDRESS	<b>1645 WATAUGA AV. APT. 101</b>	STREET ADDRESS	<b>150 PALMYRA AVE</b>		
CITY-ST-ZIP	<b>ORLANDO, FL 32812</b>	CITY-ST-ZIP	<b>ORL. FL. 32807 (VP)</b>		
TITLE	RVD. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>MALPARTIDA, NOÉ</b>	NAME			
STREET ADDRESS	<b>AVENIDA LAS COLINAS 131</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>IQUITOS, PERU, SA 284</b>	CITY-ST-ZIP			
TITLE	SEC. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>ALMARALES, MARTA</b>	NAME			
STREET ADDRESS	<b>5200 OLD CHENEY HIGH WAY</b>	STREET ADDRESS			
CITY-ST-ZIP	<b>ORLANDO, FL 32807</b>	CITY-ST-ZIP			
TITLE	TREA <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>PEREZ, IVIS</b>	NAME	<b>PEREZ IVIS</b>		
STREET ADDRESS	<b>1645 WATAUGA AV. APT. 101</b>	STREET ADDRESS	<b>1645 PALMYRA AVE</b>		
CITY-ST-ZIP	<b>ORLANDO, FL 32812</b>	CITY-ST-ZIP	<b>ORL. FL. 32807 (TREA)</b>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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 all other like empowered.					
<b>SIGNATURE:</b> 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					