

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90146 041 \*\*\*\*70.00

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03302006 Chg-NP CR2E037 (11/05)

DOCUMENT # N04000007259					
1. Entity Name ALLIANCE CHRETIENNE EN JESUS-CHRIST, INC.					
Principal Place of Business 15183 NE 21TH AVE MIAMI, FL 33162 US			Mailing Address 1530 NE 150 ST MIAMI, FL 33161 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 20-1420876				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PIERRE-CANEL, ALAND CPA 12794 W DIXIE HWY N MIAMI, FL 33161			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PDC PIGNE, ISRAEL 1530 NE 150 ST MIAMI, FL 33161	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THERESE, MARIE 1530 NE 150 ST MIAMI, FL 33161	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Therese Marie 1530 N.E 150 st MIAMI FL 33161	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POINT-DU-JOUR, HEJBERT 1530 NE 150 ST MIAMI, FL 33161	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PIGNE, T. MARIE 1530 NE 150 ST MIAMI, FL 33161	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Richard, Marie Edith 1530 N.E. 150 st Miami FL 33161	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCKENZIE, MADELEINE 1530 NE 150 ST MIAMI, FL 33161	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McKenzie, Madeleine 1530 N.E 150 st Miami FL 33161	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cadet, Johanne 1530 N.E 150 st MIAMI FL 33161	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 4/10/06 <small>Daytime Phone #</small>		