2008 NOT-FOR-PROFIT CORPORATION

Apr 30, 2008 8:00 am Secretary of State

ANNUAL REPORT

04-30-2008 90156 007 ****70.00 DOCUMENT # N04000007259 1. Entity Name ALLIANCE CHRETIENNE EN JESUS-CHRIST, INC. Principal Place of Business . Mailing Address 60032070 n 995 N. MIAMI'BEACH BLVD 995 N. MIAMI BEACH BLVD **SUITE 107** SUITE 107 MIAMI, FL 33162 MIAMI, FL 33162 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04142008 Chg-NP CR2E037 (12/06) City & State City & State Applied For 4. FEI Number 20-1420876 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PIERRE-CANEL, ALAND CPA Street Address (P.O. Box Number is Not Acceptable) 12794 W DIXIE HWY N MIAMI, FL 33161 City 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 reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be * Trust Fund Contribution. Due by May 1, 2008 Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TIFLE ☐ Delete TITLE Addition Change PIGNE, ISERAEL NAME NAME STREET ADDRESS 1530 NE 150 ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33161 CITY-ST-7IP Change TITLE TITLE ☐ Addition ☐ Delete Therese Marie t THERESE, MARIE NAME NAME STREET ADDRESS 1530 NE 150 ST STREET ADDRESS Miami, Fl. 33 161 MIAMI, FL 33161 CITY-ST-ZIP CITY-ST-7IP Delete TITLE TITLE ☐ Change Addition POINT-DU-JOUR, HEJBERT NAME NAME STREET ADDRESS 1530 NE 150 ST STREET ADDRESS MIAMY, FL 33161 CITY-ST-ZIP CITY-ST-ZIP Miami Fl. 33161 Defete TITLE TITLE Change Addition MCKENZIE, MADELEINE NAME NAME STREET ADDRESS 1530 NE 150 ST STREET ADDRESS C1 [Y - ST - 71P M!AMI, FL 33161 CITY-ST-718 ☐ Change TITLE Delete Addition TITLE NAME CADET, JOHANNE NAME 1530 N.E. 150 ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33161 CITY-ST-ZIP TITLE ☐ Delele TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP 12. Thereby 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. 4/14/08 Daytime Phone

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR