
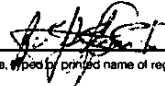
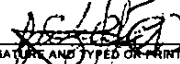


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90051 036 \*\*\*\*61.25

<b>DOCUMENT # N04000007361</b>			
<b>1. Entity Name</b> MINISTERIO INTERNACIONAL EL REY JESUS/NAPLES, INC.			
<b>Principal Place of Business</b> 441 10 STREET NORTH NAPLES, FL 34102		<b>Mailing Address</b> 441 10 STREET NORTH NAPLES, FL 34102	
<b>2. Principal Place of Business - No P.O. Box #</b> 977 4TH AVENUE NORTH Suite, Apt. #, etc.		<b>3. Mailing Address</b> 977 4TH AVENUE NORTH Suite, Apt. #, etc.	
<b>City &amp; State</b> NAPLES, FLORIDA Zip Country 34102-5815		<b>City &amp; State</b> NAPLES, FLORIDA Zip Country 34102-5815	
<b>4. FEI Number</b> APPLIED FOR		Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		\$8.75 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b> LAGOS, FREDDY F 441 10 STREET NORTH NAPLES, FL 34102		<b>7. Name and Address of New Registered Agent</b> Name: LAGOS, FREDY F. Street Address (P.O. Box Number is Not Acceptable): 11420 WHISTLER'S COVE CIRCLE, APT # 121 City: NAPLES FL Zip Code: 34102-7883	
<b>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.</b>			
SIGNATURE: 		DATE: 4/12/2007	
Filing Fee is \$61.25 Due by May 1, 2007		<b>9. Election Campaign Financing</b> <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE: DP NAME: LAGOS, FREDDY F STREET ADDRESS: 441 10 STREET NORTH CITY-ST-ZIP: NAPLES, FL 34102	<input type="checkbox"/> Delete	TITLE: DP NAME: LAGOS, FREDY F. STREET ADDRESS: 11420 WHISTLER'S COVE CIRCLE, APT 121 CITY-ST-ZIP: NAPLES, FL 34102-7883	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DV NAME: LAGOS, BLANCA STREET ADDRESS: 441 10 STREET NORTH CITY-ST-ZIP: NAPLES, FL 34102	<input type="checkbox"/> Delete	TITLE: DV NAME: LAGOS, BLANCA STREET ADDRESS: 11420 WHISTLER'S COVE CIRCLE, APT 121 CITY-ST-ZIP: NAPLES, FL 34102-7883	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DT NAME: GARCIA, NORMAN STREET ADDRESS: 441 10 STREET NORTH CITY-ST-ZIP: NAPLES, FL 34102	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DS NAME: ALMODOVAR, MARIBEL STREET ADDRESS: 441 10 STREET NORTH CITY-ST-ZIP: NAPLES, FL 34102	<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: _____	<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: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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: 		DATE: 4/12/2007	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR FREDY F. LAGOS, DIRECTOR/PRESIDENT			

4006100



01312007 Chg-NP CR2E037 (12/06)