2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009715

FILED Feb 06, 2007 Secretary of State

Entity Name: IGLESIA PENTECOSTAL CAMINO DE SANTIDAD, INC. DE POINCIANA

Current Principal Place of Business: New Principal Place of Business: 407 BRITTEN DR 4545 PLEASANT HILL.RD. KISSIMMEE, FL 34758 US SUITE 102 KISSIMMEE, FL 34759 **Current Mailing Address: New Mailing Address:** 407 BRITTEN DR KISSIMMEE, FL 34758 US FEI Number: 20-1813060 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JORGE, SEGURA SEGURA, JORGE DP 407 BRÍTTEN DR 407 BRITTEN DR KISSIMMEE, FL 34758 KISSIMMEE, FL 34758 US 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: JORGE SEGURA 02/06/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DP () Change () Addition () Delete SEGURA, JORGE Name: Name: 407 BRITTEN DR Address: Address: City-St-Zip: KISSIMMEE, FL 34758 US City-St-Zip: Title: DVP () Delete Title: () Change () Addition SEGURA, MIGDALIA Name: Name: Address: 407 BRITTEN DR Address: City-St-Zip: KISSIMMEE, FL 34758 US City-St-Zip: Title: () Delete Title: (X) Change () Addition REYES, JAIME Name: REYES, NATALIE Name: 627 ROYALTY CT. Address: 8 ALICANTE CT. Address: City-St-Zip: KISSIMMEE, FL 34758 US City-St-Zip: KISSIMMEE, FL 34758 Title: (X) Delete Title: () Change () Addition Name: SUAREZ, JESUS Name: 2485 PARSONS POND CR. Address: Address: City-St-Zip: KISSIMMEE, FL 34743 US City-St-Zip: Title: Title: (X) Delete () Change () Addition MARTINEZ, FLORDALIZA Name: Name: 3380 PINERIDGE CR. Address: Address: City-St-Zip: KISSIMMEE, FL 34746 US 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: MIGDALIA SEGURA DVP 02/06/2007