

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011952

FILED
Apr 22, 2007
Secretary of State

Entity Name: BETHTRINITY, INC.

Current Principal Place of Business:

P.O. BOX 681714
MIAMI, FL 33168

New Principal Place of Business:

681714
MIAMI, FL 33168

Current Mailing Address:

P.O. BOX 681714
MIAMI, FL 33168

New Mailing Address:

681714
MIAMI, FL 33168

FEI Number: 20-2142885

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELVA, BETHSAIDA
P.O. BOX 681714
MIAMI, FL 33168 US

Name and Address of New Registered Agent:

DELVA, BETHSAIDA
681714
MIAMI, FL 33168 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: BETHSAIDA DELVA

04/22/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DELVA, BETHSAIDA
Address: P.O. BOX 681714
City-St-Zip: MIAMI, FL 33168

Title: VP () Delete
Name: OLIBRICE, RICHARD J
Address: P.O BOX 681714
City-St-Zip: MIAMI, FL 33168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DELVA, BETHSAIDA
Address: 681714
City-St-Zip: MIAMI, FL 33168

Title: VP (X) Change () Addition
Name: OLIBRICE, RICHARD J
Address: 681714
City-St-Zip: MIAMI, FL 33168

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: BETHSAIDA DELVA

P

04/22/2007

Electronic Signature of Signing Officer or Director

Date