2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000988

City-St-Zip:

Entity Name: IGLESIA DE RESTAURACION ELOHIM. INC

FILED Apr 21, 2006 Secretary of State

Littly Na	ille. IGLESIA I	DE RESTAURACION ELOHIII	n, II V C.			
Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:		
10452 COCONUT GROVE LANE ORLANDO, FL 32825 US			SUITE 4	7507 ALOMA AVE. SUITE 4 WINTER PARK, FL 32792 US		
Current N	lailing Addres	s:	New Maili	New Mailing Address:		
	CONUT GROV D, FL 32825	E LANE US				
FEI Number	: 20-2744395	FEI Number Applied For()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and	Address of	New Registered Agent:	
	RAQUEL CONUT GROV D, FL 32825	E LN US				
	e named entity s e of Florida.	submits this statement for the	purpose of changing i	its registered	office or registered agent, or both,	
SIGNATUI	RE:					
	Electron	ic Signature of Registered Ag	ent	Date		
OFFICER	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	CASTRO, RAQÚ	JT GROVE LANE	Title: Name: Address: City-St-Zip:	(() Change () Addition	
Title: Name: Address: City-St-Zip:	MORALES, JUL	JT GROVE LANE	Title: Name: Address: City-St-Zip:	(() Change () Addition	
Title: Name: Address: City-St-Zip:	GARCIA, MARIA	FORD WOOD CR., #10	Title: Name: Address: City-St-Zip:	S (GARCIA, MAI 6848 EBANS ORLANDO, F	BND	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	T (MORALES, D 6848 EBANS ORLANDO, F	BND	
Title: Name: Address:	()	Delete	Title: Name: Address:	VALENTIN, G	() Change (X) Addition BLENDA ROSSING CIR. 817	

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.

City-St-Zip: ORLANDO, FL 32807

SIGNATURE: GARCIA MARIA A S 04/21/2006