2008 NOT-FOR-PROFIT CORPORATION

FILED **ANNUAL REPORT** May 05, 2008 08:00 Al Secretary of State DOCUMENT # N05000002821. THE LAST CALL CHURCH, INC. Principal Place of Business Mailing Address 11329 CAMOS LANE 11329 CAMOS LANE ORLANDO, FL 32824 ORLANDO, FL 32824 03132008 No Chg-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2582782 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent OJEDA, SAMUEL DO NOT WRITE 11329 CAMOS LANE ORLANDO, FL 32824 IN THIS SPACE 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. SIGNATUR6 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 U00000947046 Trust Fund Contribution. Due by May 1, 2008 Added to Fees /30/08-80074-004. 10, OFFICERS AND DIRECTORS TITLE PΩ NAME OJEDA, SAMUEL STREET ADDRESS 11329 CAMOS LN CITY-ST-ZIP ORLANDO, FL 32824 TITLE STD NAME ABREU, FRANCIS STREET ADDRESS 11329 CAMUS LN CITY-ST-ZIP COCOA, FL 32924 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-7IP TITLE

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.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR