2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004526

FILED May 29, 2007 Secretary of State

Entity Name: NEW GENERATION CHILDRENS MINISTRY, CORP.

Current Principal Place of Business: New Principal Place of Business: 1511 NW 91ST AVE #9-28 1511 NW 91ST AVE CORAL SPRINGS, FL 33071 BLDG #9, APT #28 CORAL SPRINGS, FL 33071 **Current Mailing Address:** New Mailing Address: 1511 NW 91ST AVE #9-28 1511 NW 91ST AVE CORAL SPRINGS, FL 33071 BLDG #9, APT #28 CORAL SPRINGS, FL 33071 FFI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PENHA, GLEDES C PENHA, GLEDES C 1511 NW 91ST AVE #9-28 1511 NW 91ST AVE CORAL SPRINGS, FL 33071 BLDG #9, APT #28 US CORAL ŚPRINGS, FL 33071 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: GLAUCIA R PENHA 05/29/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition PENHA, GLEDES C Name: Name: 1511 NW 91ST AVE BLDG 9, APT 28 Address: Address: City-St-Zip: CORAL SPRINGS, FL 33071 City-St-Zip: Title: () Delete Title: () Change () Addition FOGANHOLI, MARIA B Name: Name: Address: 1511 NW 91ST AVE BLDG 9, APT 28 Address: City-St-Zip: CORAL SPRINGS, FL 33071 City-St-Zip: Title: () Delete Title: () Change () Addition FOGANHOLI, JOSE C Name: Name: 1511 NW 91ST AVE BLDG 9, APT 28 Address: Address: City-St-Zip: CORAL SPRINGS, FL 33071 City-St-Zip: Title: DS () Delete Title: () Change () Addition Name: PENHA, GLAUCIA R Name: 1511 NW 91ST AVE BLDG 9, APT 28 Address: Address: City-St-Zip: CORAL SPRINGS, FL 33071 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: GLAUCIA R PENHA DS 05/29/2007