2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2009
Secretary of State

DOCUMENT# N05000009081

Entity Name: CASA DE ORACAO TODOS OS POVOS, INC.

Current Principal Place of Business:

1686 HWY 100
BANEU, FL 32110 US

New Principal Place of Business:

15 F PALM HARBOR VILLAGE WAY
PALM COAST, FL 32137 US

Current Mailing Address:

28 WHITE STAR DR
PALM COAST, FL 32164 US

New Mailing Address:

15 F PALM HARBOR VILLAGE WAY
PALM COAST, FL 32137 US

FEI Number: 20-3694535 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **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:

MULLER, LUIZ C
28 WHITE STAR DR
PALM COAST, FL 32164 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	MULLER, LUIZ C	
Address:	28 WHITE STAR DR	
City-St-Zip:	PALM COAST, FL 32164 US	
Title:	VP	( ) Delete
Name:	MULLER, TERESINHA D	
Address:	28 WHITE STAR DR	
City-St-Zip:	PALM COAST, FL 32164 US	
Title:	DT	( ) Delete
Name:	VIEIRA, ROBERTO	
Address:	33 BRITANY LN	
City-St-Zip:	PALM COAST, FL 32137 US	
Title:	DT	( ) Delete
Name:	SILVA, MARCOS V	
Address:	7901 BAYMEADOWS FIRST E. APT 321	
City-St-Zip:	JACKSONVILLE, FL 32256 US	
Title:	S	( ) Delete
Name:	MULLER, NYVIA R	
Address:	28 WHITE STAR DR	
City-St-Zip:	PALM COAST, FL 32164 US	
Title:	S	( ) Delete
Name:	AMORIM, NEYLA M	
Address:	28 WHITE STAR DR	
City-St-Zip:	PALM COAST, FL 32164 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DT	(X) Change ( ) Addition
Name:	VIEIRA, ROBERTO	
Address:	23 ROXBORO DR	
City-St-Zip:	PALM COAST, FL 32164 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
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: LUIZ C MULLER P 05/06/2009
Electronic Signature of Signing Officer or Director — Date