2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009840

FILED Jan 18, 2006 Secretary of State

Entity Name: COMUNIDAD CRISTIANA LUZ A LAS NACIONES, INC.

Current Principal Place of Business: New Principal Place of Business:

4948 EAGLESMERE DR. # 616 12321 UNIVERSITY BOULEVARD ORLANDO, FL 32819 US ORLANDO, FL 32817 US

Current Mailing Address: New Mailing Address:

4948 EAGLESMERE DR. # 616 11102 RIVER OAKS DR. ORLANDO, FL 32819 US ORLANDO, FL 32817 US

FEI Number: 20-3517667 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

APONTE, SAMUEL REV.
4948 EAGLESMERE DR. # 616
ORLANDO, FL 32819
US
APONTE, SAMUEL REV.
11102 RIVER OAKS DR.
ORLANDO, FL 32817
US
ORLANDO, FL 32817

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: REV. SAMUEL APONTE 01/18/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: APONTE, SAMUEL REV. P (X) Change () Addition Name: APONTE, SAMUEL REV.

Name: APONTE, SAMUEL REV. Name: APONTE, SAMUEL REV.
Address: 4948 EAGLESMERE DR. # 616 Address: 11102 RIVER OAKS DR.
City-St-Zip: ORLANDO, FL 32819 US City-St-Zip: ORLANDO, FL 32817 US

Title: VP () Delete Title: VP (X) Change () Addition Name: APONTE, ZENAIDA Name: APONTE, ZENAIDA

Address: 4948 EAGLESMERE DR. # 616 Address: 11102 RIVER OAKS DR. City-St-Zip: ORLANDO, FL 32819 US City-St-Zip: ORLANDO, FL 32817 US

Title: S () Delete Title: S (X) Change () Addition Name: PASTRANA, NILSA Name: MEDINA, MERY

 Address:
 900 WAGES WAY ST.
 Address:
 857 WAGES WAY ST.

 City-St-Zip:
 ORLANDO, FL 32825 US
 City-St-Zip:
 ORLANDO, FL 32825 US

Title: T () Delete Title: T (X) Change () Addition

 Name:
 MEDINA, MERY
 Name:
 RODRIGUEZ, JOSE B.

 Address:
 857 WAGES WAY ST.
 Address:
 2075 KAYLA'S CT.

 City-St-Zip:
 ORLANDO, FL 32825 US
 City-St-Zip:
 ORLANDO, FL 32817 US

 $\label{eq:Title:V} {\sf Title:} \qquad \qquad {\sf V} \qquad (\) \ {\sf Change} \ ({\sf X}) \ {\sf Addition}$

 Name:
 Name:
 JIMENEZ, CARLOS

 Address:
 Address:
 2697 UNIVERSITY ACRES DR.

 City-St-Zip:
 City-St-Zip:
 ORLANDO, FL 32817 US

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: REV. SAMUEL APONTE P 01/18/2006