

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
May 09, 2006 8:00 am
Secretary of State**

05-09-2006 90093 030 ****61.25

DOCUMENT # N05000009860		
1. Entity Name PRIMEIRA IGREJA ASSEMBLEIA DE DEUS DE PORT ST LUCIE, CORP.		

Principal Place of Business 350 SE DALVA AVE. PORT ST. LUCIE, FL 34984	Mailing Address 350 SE DALVA AVE. PORT ST. LUCIE, FL 34984
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TAXPLACE, CORP. 2721 S. US 1 SUITE 9 FORT PIERCE, FL 34982		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS			
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>PD DE SOUZA, ROBERTO 350 SE DALVA AVE. PORT ST. LUCIE, FL 34984</p>		<p><input type="checkbox"/> Delete</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>S DE SOUZA, SARAH 350 SE DALVA AVE. PORT ST. LUCIE, FL 34984</p>		<p><input type="checkbox"/> Delete</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>T DE SOUZA, NORMA 350 SE DALVA AVE. PORT ST. LUCIE, FL 34984</p>		<p><input type="checkbox"/> Delete</p> <p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
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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: Robert de Souza

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/2006 (772)621-1555
Date Daytime Phone #

(772)621-1555