2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2007
Secretary of State

DOCUMENT# N05000010424

Entity Name: ISAIAH COMMUNITY ADVANCEMENT PROGRAM, INC.

Current Principal Place of Business:

5905 NE 2 AVE
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

5905 NE 2 AVE
MIAMI, FL 33137

New Mailing Address:

FEI Number: 13-4318139 **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:

CASZIE HART, P.A.
13899 BISCAYNE BLVD.
SUITE 314
MIAMI, FL 33181 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: D ( ) Delete
Name: CESAR, COLETTE
Address: 19501 NE 19 AVENUE
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: D ( ) Delete
Name: LANGE, MARIE CARMELLE
Address: 19501 NE 19 AVENUE
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: D ( ) Delete
Name: HART, CASWALL A ESQ.
Address: 13899 BISCAYNE BLVD., SUITE 314
City-St-Zip: MIAMI, FL 33181

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,D (X) Change ( ) Addition
Name: CESAR, COLETTE
Address: 19501 NE 19 AVENUE
City-St-Zip: NORTH MIAMI BEACH, FL 33179

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: COLETTE CESAR PRES 05/15/2007

Electronic Signature of Signing Officer or Director — Date