2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Aug 23, 2007 8:00 am Secretary of State

DOCUMENT # N05000010635 1. Entity Name MINISTERIO HERMANAS MELENDEZ INC.					08-23-2007 90021 ()20 ****	61.25	
Principal Place of Business 9939 LONG BAY DRIVE ORLANDO, FL 32832		Mailing Address P.O. BOX 780708 ORLANDO, FL 32878						
Principal Place of Business - No P.O. Box # 3. f		3. Mailing Address				 		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06222007 Ch	g-NP CR2E037	(12/06)		
City & State		City & State		4. FEI Number NOT APPLIC	CABLE	_ 	plied For Applicable	
Zip	Country	Zip	Country	5. Certificate of Sta		8.75 Addi		
	6. Name and Address of Current	Registered Agent		7. Name and Addr	ess of New Registered Ag	jent		
A1A REGISTERED AGENT INC.			Name C	Name CARMEN MELENDEZ				
92 SANDBERRY ROAD			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
QUINCY, F	-L 32351		9939		OR.			
			City GRL					
	named entity submits this statement for	the purpose of changing its reg	gistered office or regi	istered agent, or both, in t	he State of Florida. I am fa	miliar with,	and accept	
the obligat	ions of redecered agent.	1. Cd-			6/22/0	. 7		
SIGNATURE .	X Caumy VI * Signature, typed or printed name of registered agent	and title if applicable (AICYE, So			4/22/0			
	Organicate, typod of printed frame of regulation night.	and the II applicable. (NOTE: NE	idiateted wilder signature red	gured when reinstating)	DATE			
D	Filing Fee is \$61.25 ue by September 14, 2007	9. Election Campa Trust Fund Con	aign Financing	\$5.00 May Be Added to Fees	Make check Florida Departr			
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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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

6/22/07

407-701-5493

Daytime Phone #