## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jun 15, 2006 8:00 am Secretary of State

DOCUMENT # N05000011575  1. Entity Name CHRIST IS MY VICTORY THE MISSION OF COMPASSION, INC.							06-15-2006 9	<b>9</b> 0001 025 ****70	).00	
Principal Plac 5764 WINGA ORLANDO, F		PO B	Mailing Address PO BOX 593824 ORLANDO, FL 32839					. 13111   1881   1881   1881   1882   18		
2. Principal Place of Business		3. Mail	3. Mailing Address							
Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.			05162006	Chg-NP	CR2E037 (4/06)		
City & State		City & State				4. FEI Number	91814		oplied For of Applicable	
Zip ,	Zip Country		Zìp		untry	5. Certificate of S		\$8.75 Add Fee Require		
	6. Name and Address of Currer	nt Registere	d Agent			7. Name and Ad	Idress of New R	egistered Agent		
	PLITDEDA DA				Name /	15 100	runtin	a Service	۰ ۵	
SPIEGEL,	&.UTRERA,.P.A.		Stree			ss (P.O. Box Number is	Not Acceptable	2 32 r. v. c.	K34	
4TH FLOC					550	59 S. On	ance Bl	osson Iva	<u> </u>	
MIAMI, FL							۵		•	
					City Ord	Orlando FL 32 Code 39				
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.										
CARA Misumput 11										
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE—pustroot gent signature required when reinstating)  ATE										
	Signature, typed or printed harrie or registered age	nt and ove a app	icable. (None			Olioci witeri retristata igy		<b>/</b> ^"-		
D	Filing Fee is \$61.25 ue by September 6, 2006	nu auto soe n app	9. Election Carr Trust Fund C		inancing	\$5.00 May Be Added to Fees		ake check payable to ida Department of Si		
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12. I nereby certify that the information supplied with this tiling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, if 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:

Marie W. John

MARIEW. Joly

06-09-06

Daytime Phone #