2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# N05000011827

Entity Name: FUNDACION INTERNACIONAL LA CASA DE MI PADRE, CORP.

Current Principal Place of Business:

1027 ALPINE POND
SAN ANTONIO, TX 78260

New Principal Place of Business:

Current Mailing Address:

1027 ALPINE POND
SAN ANTONIO, TX 78260

New Mailing Address:

FEI Number: 20-3823070 **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:

GOMEZ, HERNAN
6555 S.NARCOOSSEE RD
ST.CLOUD, FL 34771 US

Name and Address of New Registered Agent:

GOMEZ, HERNAN
655 S.NARCOOSSEE RD
ST.CLOUD, FL 34771 US

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: _____ 05/01/2007
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SCHAMBON, PEDRO H
Address: 1027 ALPINE POND
City-St-Zip: SAN ANTONIO, TX 78260

Title: 1VPD ( ) Delete
Name: MARTINEZ, DAYANA
Address: 1027 ALPINE POND
City-St-Zip: SAN ANTONIO, TX 78260

Title: 2VPD ( ) Delete
Name: JIMENEZ, ALVARO I
Address: 26346 MARSH POND
City-St-Zip: SAN ANTONIO, TX 78260

Title: SD ( ) Delete
Name: ORTIZ, ADRIANA
Address: 26346 MARSH POND
City-St-Zip: SAN ANTONIO, TX 78260

Title: TD ( ) Delete
Name: GOMEZ, ESPERANZA S
Address: 6555 S.NARCOOSSEE RD
City-St-Zip: SAINT CLOUD, FL 34771

Title: D ( ) Delete
Name: BOLIVAR, JOSE I
Address: 6936 MARSH WAY
City-St-Zip: ELK GROVE, CA 95758

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: PEDRO H.SCHAMBON PRES 05/01/2007
Electronic Signature of Signing Officer or Director — Date