


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90852 013 ****70.00

DOCUMENT # N06000000611 1. Entity Name MAGANDANG BALITA INC.					
Principal Place of Business 5725 35TH ST VERO BEACH, FL 32966			Mailing Address 5725 35TH ST VERO BEACH, FL 32966		
2. Principal Place of Business - No P.O. Box # 1273 SCARLET OAK CIR		3. Mailing Address 1273 SCARLET OAK CIR			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State VERO BEACH, FL		City & State VERO BEACH, FL		4. FEI Number APPLIED FOR 41-2195554	
Zip 32966		Country 		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LUCERO, ALEX V 5725 35TH ST VERO BEACH, FL 32966			7. Name and Address of New Registered Agent Name LUCERO, ALEX Street Address (P.O. Box Number is Not Acceptable) 1273 SCARLET OAK CIR City VERO BEACH FL Zip Code 32966		
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 ALEX V. LUCERO <i>Alex V. Lucero (PRESIDENT)</i> 4-27-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUCERO, ALEX V 5725 35TH ST VERO BEACH, FL 32966 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LUCERO, JERRY R 2409 GREEN TREE CT ANTIOCH, CA 94509 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ARNOLD MISLANG 1364 EPSON OAKS WAY ORLANDO, FL 32837 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LUCERO, MILA B 5725 35TH ST VERO BEACH, FL 32966 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRO JENNY, TECSON L 12812 CRAGSIDE LANE WINDERMERE, FL 34786 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRO TECSON, JENNY L. 12812 CRAGSIDE LANE WINDERMERE, FL 34786 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TECSON, WINNIE L 12812 CRAGSIDE LANE WINDERMERE, FL 34786 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEODORO, LUCERO R JR 1372 EPSON OAKS WAY ORLANDO, FL 32837 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: ALEX V. LUCERO <i>Alex V. Lucero</i>			4-27-07 772-564-3165		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		