2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001067

FILED Jul 05, 2007 Secretary of State

Entity Name: COLEGIO DE CAPACITACION MINISTERIAL, INC.

Current Principal Place of Business: New Principal Place of Business:

3311 W. OAK ST.

KISSIMMEE, FL 34744 US

Current Mailing Address: New Mailing Address:

P.O. BOX 450278

KISSIMMEE, FL 34745 US

FEI Number: 51-0323933 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: Name and Address of New Registered Agent:

DAVILA, MYRIAM MERCADO, CARMEN RA 12782 JESSA DR. 901 DYER BOULEVARD ORLANDO, FL 32837 US KISSIMMEE, FL 34741

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: MERCADO, CARMEN 07/05/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition OVERSTREET, REBECCA OVERSTREET, REBECCA Name: Name: Address: 2177 JESSA DR. Address: 901 DYER BOULEVARD City-St-Zip: KISSIMMEE, FL 34743 US City-St-Zip: KISSIMMEE, FL 34741 US

(X) Change () Addition Title: Title: () Delete

Name: GARCIA, CESAR A Name: GARCIA, CESAR A Address: 2177 JESSA DR. Address: 901 DYER BOULEVARD City-St-Zip: KISSIMMEE, FL 34743 US City-St-Zip: KISSIMMEE, FL 34741 US

Title: () Delete Title: () Change () Addition

DAVILA, MYRIAM Name: Name: 12782 MAJORAMA Address: Address: City-St-Zip: ORLANDO, FL 32837 US 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.

Ρ SIGNATURE: OVERSTREET, REBECCA 07/05/2007