2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003391

Entity Name: EL SHADDAI OF GRACE CHURCH INC.

FILED Jan 18, 2007 Secretary of State

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

7705 TARA CIRCLE #105 6926 TRAIL BOULEVARD NAPLES, FL 34104 NAPLES, FL 34108

Current Mailing Address: New Mailing Address:

7705 TARA CIRCLE #105 6926 TRAIL BOULEVARD NAPLES, FL 34104 NAPLES, FL 34108

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DORSAINVIL, CHIMENE
7705 TARA CIRCLE #105
NAPLES, FL 34104 US
ROCHASSE, ROSELORE
545 DESOTO BLVD
NAPLES, FL 34117 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: ROSELORE ROCHASSE 01/18/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHAN

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: DORSALNVIL, SAINVIL Name: DORSALNVIL, SAINVIL

 Address:
 7705 TARA CIRCLE #105
 Address:
 571 18TH STREET SE

 City-St-Zip:
 NAPLES, FL 34104
 City-St-Zip:
 NAPLES, FL 34117

Title: TD () Delete Title: TD (X) Change () Addition Name: DORSAINVIL, ANDRE Name: BEUKEMA, SIMON

Address: 14697 NE 18 AVE #304 Address: 4456 LAKEWOOD BLVD City-St-Zip: MIAMI, FL 33181 City-St-Zip: NAPLES, FL 34112

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

 Name:
 JEAN-BAPTISTE, FERNAND
 Name:

 Address:
 1520 NW 125 ST
 Address:

 City-St-Zip:
 MIAMI, FL 33167
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ROSELORE ROCHASSE RA 01/18/2007