2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003947

— Apr 19, 2007 Secretary of State

FILED

Entity Name: EGLISE CHRETIENNE EL SHADDAI, INC.

Current Principal Place of Business: New Principal Place of Business: 2198 SAVONA BLVD 2198 SW SAVONNA BLVD PORT ST. LUCIE, FL 34953 PORT ST. LUCIE, FL 34953 **Current Mailing Address: New Mailing Address:** 2198 SAVONA BLVD PORT ST. LUCIE, FL 34953 FEI Number: 14-1946717 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ANTOINE, EDDY 525 S.W. HALDEN AVENUE US PORT ST. LUCIE, FL 34953 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition FLEUREUS, WELDY FLOREUS, WELDY Name: Name: 1548 S.E. ROYAL GREEN CIRCLE, M-102 Address: 1548 S.E. ROYAL GREEN CIRCLE, M-102 Address: City-St-Zip: PORT ST. LUCIE, FL 34952 City-St-Zip: PORT ST. LUCIE, FL 34952 Title: Title: () Delete () Change () Addition JOSEPH, ADELSON Name: Name: Address: 6140 N. W. GATUN Address: City-St-Zip: PORT ST. LUCIE, FL 34953 City-St-Zip: Title: () Delete Title: () Change () Addition SANON, FRESNEL Name: Name: 582 S.W. PRADER AVENUE Address: Address: City-St-Zip: PORT ST. LUCIE, FL 34953 City-St-Zip: Title: () Delete Title: () Change () Addition Name: LUCIEN, NADIA Name: 582 S.W. PRADER AVENUE Address: Address: City-St-Zip: PORT ST. LUCIE, FL 34953 City-St-Zip: Title: () Delete Title: (X) Change () Addition MARCELIN, HERARD LEON, THANIS Name: Name: 1202 S.W. CYNTHIA 2122 SE HOLLAND ST Address: Address: City-St-Zip: PORT ST. LUCIE, FL 34983 City-St-Zip: PORT ST. LUCIE, FL 34952 Title: () Delete Title: () Change () Addition FORTUNE, FORTUN Name: Name: Address: 182 S.W. ESSEX DRIVE Address: PORT ST. LUCIE, FL 34984 City-St-Zip: 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: EDDY ANTOINE PRES 04/19/2007