2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2007
Secretary of State

DOCUMENT# N06000004118

Entity Name: TRIUMPHANT MISSIONS INC.

Current Principal Place of Business:

505 CAMELLIA DRIVE
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

505 CAMELLIA DRIVE
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 76-0827296 **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:

ORTIZ, IRIS M
505 CAMELLIA DRIVE
MELBOURNE, FL 32901 US

Name and Address of New Registered Agent:

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:

Title:	P	( ) Delete
Name:	ORTIZ, JOSE A PASTOR	
Address:	505 CAMELLIA DRIVE	
City-St-Zip:	MELBOURNE, FL 32901	
Title:	S	( ) Delete
Name:	VILLARONGA, GENNY	
Address:	2935 AVENUE W #4E	
City-St-Zip:	BROOKLYN, NY 11229	
Title:	TD	( ) Delete
Name:	MIRANDA, FRANK	
Address:	1861 DRYBRANCH ROAD	
City-St-Zip:	LUGOFF, SC 29078	
Title:	D	( ) Delete
Name:	MERCADO, EUSEBIO	
Address:	145 AIRBASE ROAD	
City-St-Zip:	HOPKINS, SC 29061	
Title:	D	( ) Delete
Name:	BROWN, BANI	
Address:	398 HOLLY PLACE	
City-St-Zip:	WEST HEMPTEAD, NY 11552	
Title:	D	( ) Delete
Name:	BROWN, BANI	
Address:	398 HOLLY PLACE	
City-St-Zip:	WEST HEMPTEAD, NY 11552	

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: JOSE A. ORTIZ P 09/08/2007

Electronic Signature of Signing Officer or Director — Date