2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2007
Secretary of State

DOCUMENT# N06000004712

Entity Name: COMUNHAO CRISTA EM ORLANDO, CORP.

Current Principal Place of Business:

7606 PRESIDENTS DR.
ORLANDO, FL 32809

New Principal Place of Business:

7215 MONETARY DRIVE
ORLANDO, FL 32809 US

Current Mailing Address:

7606 PRESIDENTS DR.
ORLANDO, FL 32809

New Mailing Address:

7215 MONETARY DRIVE
ORLANDO, FL 32809 US

FEI Number: 20-4796863 **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:

SAMARA, RUBENS
7330 WEST POINTE BLVD. #436
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

SHOCKMEDIA CORPORATION
1650 SAND LAKE RD
110
ORLANDO, FL 32809 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: JOSE JARDIM JUNIOR 07/16/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MARQUES, ARLES C
Address: 7330 WEST POINTE BLVD. #436
City-St-Zip: ORLANDO, FL 32835

Title: D ( ) Delete
Name: SAMARA, RUBENS
Address: 7330 WEST POINTE BLVD. #436
City-St-Zip: ORLANDO, FL 32835

Title: D ( ) Delete
Name: LILIAN M.B. MARQUES,
Address: 7330 WEST POINTE BLVD. #436
City-St-Zip: ORLANDO, FL 32835

Title: D ( ) Delete
Name: SAMARA, ROSELI F
Address: 7330 WEST POINTE BLVD. #436
City-St-Zip: ORLANDO, FL 32835

Title: D ( ) Delete
Name: SAMARA, MARIANA R
Address: 7330 WEST POINTE BLVD. #436
City-St-Zip: ORLANDO, FL 32835

Title: D ( ) Delete
Name: ROSSIN, LUIZ E
Address: 7330 WEST POINTE BLVD. #436
City-St-Zip: ORLANDO, FL 32835

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: RUBENS SAMARA D 07/16/2007
Electronic Signature of Signing Officer or Director Date