2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007348

FILED May 07, 2007 Secretary of State

Entity Name: MINISTERIO AVIVAMIENTO PARA LAS NACIONES, INC.

Current Principal Place of Business:		New Principal Place of Business:		
2407 STON APT. F	NEYWAY			
	E, FL 34744			
Current Mailing Address:		New Mailing Address:		
2407 STONEYWAY APT. F KISSIMMEE, FL 34744		P.O. BOX 701598 ST.CLOUD, FL 34770		
	FEI Number Applied For () FEI No e with s. 607.193(2)(b), F.S., the corporation did not receive Address of Current Registered Agent:	-		
NIEVES, HARRY		NIEVES, HARRY EVANG.		
NIEVES, FIARRY 2407 STONEYWAY APT. F KISSIMMEE, FL 34744 US		2407 SŤO APT. F	2407 STONEYWAY	
in the State	named entity submits this statement for the purpose of Florida.	of changing i	ts registered office or registered agent, or both,	
SIGNATURE: HARRY NIEVES			05/07/2007	
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PRES () Delete NIEVES, HARRY 2407 STONEYWAY APT. F KISSIMMEE, FL 34744	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SEC () Delete VEGA, JOHANNA 2407 STONEYWAY KISSIMMEE, FL 34744	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip: Title: Name:	TREA () Delete NIEVES, JOHANNA 2407 STONEYWAY APT. F KISSIMMEE, FL 34744 () Delete	Title: Name: Address: City-St-Zip: Title: Name:	SUB (X) Change () Addition SERRANO, NOEMI 2225 LAKE PICKETT DR. ORLANDO, FL 32826 TREA () Change (X) Addition MUÑOZ, MARIE	
Address: City-St-Zip:		Address: City-St-Zip:	5774 MARCHESTERBRIDGR DR. ORLANDO, FL 32829	
Title: Name: Address: City-St-Zip:	()Delete	Title: Name: Address: City-St-Zip:	SUB () Change (X) Addition MALDONADO, JUAN 9000 VERONA SOUND WAY ORLANDO, FL 32829	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	REP () Change (X) Addition LARACUENTE, MARCOS 3940 SOUTH POINT DR. ORLANDO, FL 32822	

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: HARRY NIEVES PRES 05/07/2007