

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007751

FILED  
Jul 23, 2007  
Secretary of State

Entity Name: AGAPE EXPANSION MINISTRY, INC.

## Current Principal Place of Business:

8818 COMMODITY CIR., SUITE 40  
ORLANDO, FL 32819

## New Principal Place of Business:

8818 COMMODITY CIRCLE  
SUITE 40  
ORLANDO, FL 32819 US

## Current Mailing Address:

8818 COMMODITY CIR., SUITE 40  
ORLANDO, FL 32819

## New Mailing Address:

8818 COMMODITY CIRCLE  
SUITE 40  
ORLANDO, FL 32819 US

FEI Number: 26-0173718      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:

WOJCICKI, JOAO A  
8818 COMMODITY CIR., SUITE 40  
ORLANDO, FL 32819 US

## Name and Address of New Registered Agent:

WOJCICKI, JOAO A  
8818 COMMODITY CIRCLE  
SUITE 40  
ORLANDO, FL 32819 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: CAROLINE LARSON

07/23/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WOJCICKI, JOAO A  
Address: 17403 TURQUOISE STREAM DR.  
City-St-Zip: HOUSTON, TX 77095

Title: VD ( ) Delete  
Name: WOJCICKI, ANA RITA F  
Address: 17403 TURQUOISE STREAM DR.  
City-St-Zip: HOUSTON, TX 77095

Title: TD ( ) Delete  
Name: ARIGH, ANTONIO C  
Address: 17403 TURQUOISE STREAM DR.  
City-St-Zip: HOUSTON, TX 77095

Title: SD ( ) Delete  
Name: DOMINGUES, ARLETE  
Address: 17403 TURQUOISE STREAM DR.  
City-St-Zip: HOUSTON, TX 77095

Title: VTD ( ) Delete  
Name: SANTILLI, CLAUDIO  
Address: 17403 TURQUOISE STREAM DR.  
City-St-Zip: HOUSTON, TX 77095

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: WOJCICKI, JOAO A  
Address: 17403 TURQUOISE STREAM DR.  
City-St-Zip: HOUSTON, TX 77095 US

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: JOAO A WOJCICKI

PD

07/23/2007

Electronic Signature of Signing Officer or Director

Date