

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 30, 2007  
Secretary of State**

DOCUMENT# N06000009162

Entity Name: IGLESIA ESTRELLA DE LA MANANA ASAMBLEAS DE DIOS INC.

**Current Principal Place of Business:**

3221 QUEENS PALMS CT  
KISSIMMEE, FL 34747

**New Principal Place of Business:**

**Current Mailing Address:**

3221 QUEENS PALMS CT  
KISSIMMEE, FL 34747

**New Mailing Address:**

FEI Number: 20-5375407      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MORALES, PERSEVERADA REV.  
3221 QUEENS PALMS CT  
KISSIMMEE, FL 34747    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: PD      ( ) Delete  
Name: MORALES, PERSEVERADA  
Address: 3221 QUEENS PALMS CT  
City-St-Zip: KISSIMMEE, FL 34747

Title: TD      ( ) Delete  
Name: MORALES, RAUL  
Address: 3221 QUEENS PALMS CT  
City-St-Zip: KISSIMMEE, FL 34747

Title: SD      ( ) Delete  
Name: DIAZ, KAY  
Address: 3221 QUEENS PALMS CT  
City-St-Zip: KISSIMMEE, FL 34747

**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:

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: PERSEVERADA MORALES

PD

01/30/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date