

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**

DOCUMENT# N06000012805

**Jul 23, 2008
Secretary of State****Entity Name:** IGLESIA MANMIN TODA LA CREACION USA INC.**Current Principal Place of Business:**900-B WEST FLAGLER ST.
SUITE 900B
MIAMI, FL 33130**New Principal Place of Business:**900-B WEST FLAGLER ST.
SUITE 900B
MIAMI, FL 33130**Current Mailing Address:**900-B WEST FLAGLER ST.
SUITE 900B
MIAMI, FL 33130**New Mailing Address:**

FEI Number: 20-8194152 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:HANDAL, ESTEBAN J
900-B WEST FLAGLER ST.
MIAMI, FL 33130 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: HANDAL, ESTEBAN J
Address: 900-B WEST FLAGLER ST.
City-St-Zip: MIAMI, FL 33130Title: VP () Delete
Name: HAN DAL, MARIA I
Address: 900-B WEST FLAGLER ST.
City-St-Zip: MIAMI, FL 33130Title: S () Delete
Name: HANDAL, MARIA I
Address: 900-B WEST FLAGLER ST.
City-St-Zip: MIAMI, FL 33130Title: () Delete
Name:
Address:
City-St-Zip:Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: P/D (X) Change () Addition
Name: HANDAL, ESTEBAN J PASTOR
Address: 900-B WEST FLAGLER ST.
City-St-Zip: MIAMI, FL 33130Title: VP/D (X) Change () Addition
Name: LOVE, NORMA MS.
Address: 5106 ATLANTIS TERRACE
City-St-Zip: ARLINGTON, TX 76016 USTitle: S/D (X) Change () Addition
Name: BUTTERWORTH, JOHN MR.
Address: 25489 ALSEA-DEADWOOD HIGHWAY
City-St-Zip: ALSEA, OR 97324 USTitle: T/D () Change (X) Addition
Name: WOOD, JEFFERY L MR.
Address: 1711 HIGHWAY 17 S. UNIT 104
City-St-Zip: SURFSIDE BEACH, SC 29575 USTitle: D () Change (X) Addition
Name: GOMEZ, ALEXANDRA MS.
Address: 23914 NOMINI HALL LANE
City-St-Zip: KATY, TX 77493 US

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: ROBERT E. LEVINE, AS COUNSEL

ATTY

07/23/2008

Electronic Signature of Signing Officer or Director

Date