2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000012025

FILED Apr 11, 2008 Secretary of State

Entity Name: SUPPORTS DE L'ACTIONS CHRETIENNES, JEHOVAH SCHAMMA, INC.

Current Pr	incipal Place	New Princ	New Principal Place of Business:				
330 NE 12 //IAMI, FL			936 NE 132ND STREET MIAMI, FL 33161				
Current Ma	ailing Address	New Mailir	New Mailing Address:				
330 NE 129 ST. //IAMI, FL 33161				936 NE 132ND STREET MIAMI, FL 33161			
El Number: 45-0548476 FEI Number Applied For () FEI Nu			l Number Not Appli	mber Not Applicable () Certificate of Status Desired ()			
Name and	Address of C	Name and	Name and Address of New Registered Agent:				
ST. FLEUR 1330 NE 12 MAMI, FL	29 ST. 33161 US	936 NE 132 MIAMI, FL	ST. FLEUR, ELSIE 936 NE 132ND STREET MIAMI, FL 33161 US				
	named entity s of Florida.	ubmits this statement for the purpo	se of changing it	s registered o	office or re	gistered agent, or both,	
SIGNATUR	RE: MARC CE				04	1/11/2008	
	Electroni	c Signature of Registered Agent				Date	
OFFICERS	AND DIRECT	ORS:	ADDITION	S/CHANGES	TO OFFI	CERS AND DIRECTORS	
itle: lame: ddress: city-St-Zip:	DP () MARC, CELANT 1330 NE 129 ST MIAMI, FL 3316		Title: Name: Address: City-St-Zip:	DP (X MARC, CELAN 936 NE 132NE MIAMI, FL 33	STREET) Addition	
ītle: lame: \ddress: City-St-Zip:	D () CASIMIR, EDNE 1330 NE 129 ST MIAMI, FL 3316		Title: Name: Address: City-St-Zip:	() Change() Addition	
itle: lame: lddress: city-St-Zip:	D () ST. FLEUR, ELS 1330 NE 129 ST MIAMI, FL 3316		Title: Name: Address: City-St-Zip:	T (X ST. FLEUR, EI 1330 NE 129 S MIAMI, FL 33	ST.) Addition	
itle: lame: ddress: city-St-Zip:	DS () ST. LOUIS, WAL 1330 NE 129 ST MIAMI, FL 3316	•	Title: Name: Address: City-St-Zip:	DS (X SAINT- LOUIS 1330 NE 129 S MIAMI, FL 33	ST.) Addition	
itle: lame: lddress: Dity-St-Zip:	D () ASPELLY, MARI 1330 NE 129 ST MIAMI, FL 3316		Title: Name: Address: City-St-Zip:	() Change() Addition	
ītle: lame: \ddress: \ity-St-Zip:	VP () DERISME, DENI 1330 NE 129 ST MIAMI, FL 3316		Title: Name: Address: City-St-Zip:	() Change() Addition	

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: WALKY SAINT-LOUIS DS 04/11/2008