2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N07000012215

Entity Name: ARMADURA DE DIOS, INC.

Current Principal Place of Business:

1035 CHOKECHERRY DRIVE
WINTER SPRINGS, FL 32708

New Principal Place of Business:

Current Mailing Address:

1035 CHOKECHERRY DRIVE
WINTER SPRINGS, FL 32708

New Mailing Address:

FEI Number: 11-3834876 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARROYO, PATRIA
1035 CHOKECHERRY DRIVE
WINTER SPRINGS, FL 32708 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:	DP	( ) Delete
Name:	ARROYO, PATRIA	
Address:	1035 CHOKECHERRY DRIVE	
City-St-Zip:	WINTER SPRINGS, FL 32708	
Title:	V	( ) Delete
Name:	SUAREZ, FERNANDO	
Address:	URB LA RAMBA, 911 ZARAGOZA STREET	
City-St-Zip:	PONCE, PR, 007304022	
Title:	D	( ) Delete
Name:	RIVERA, LILIANA	
Address:	1395 SAN LUIS COURT	
City-St-Zip:	WINTER SPRINGS, FL 32708	
Title:	T	( ) Delete
Name:	IRIZARRY, LESLIE	
Address:	1829 BLAINE TERRACE	
City-St-Zip:	WINTER PARK, FL 32792	
Title:	D	( ) Delete
Name:	SANCHEZ, JOSE A	
Address:	1903 ISLAND CIRCLE APT 103	
City-St-Zip:	KISSIMMEE, FL 34741	
Title:	D	( ) Delete
Name:	RODRIGUEZ, ANA E	
Address:	PO BOX 225	
City-St-Zip:	JUANA DIAZ. PR, 00795	

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:	
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: PATRIA ARROYO DP 04/29/2009

Electronic Signature of Signing Officer or Director — Date