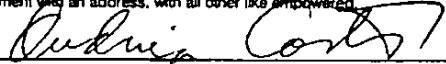


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90392 024 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                    |                                                                                                                        |                                                                                                                                       |
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| <b>DOCUMENT # N19923</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                    |                                       |                                                                                                                                       |
| 1. Entity Name<br><b>CLARETIAN MISSIONS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                    |                                                                                                                        |                                                                                                                                       |
| Principal Place of Business<br><b>7080 S.W. 99 AVE<br/>MIAMI, FL 33173</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                    | Mailing Address<br><b>7080 SW 99TH AVENUE<br/>MIAMI, FL 33173 US</b>                                                   |                                                                                                                                       |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                    | 3. Mailing Address                                                                                                     |                                                                                                                                       |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                    | Suite, Apt. #, etc.                                                                                                    |                                                                                                                                       |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                    | City & State                                                                                                           |                                                                                                                                       |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                            | Zip                                                                                                                    | Country                                                                                                                               |
| 03042006                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                    | Chg-NP CR2E037 (11/05)                                                                                                 |                                                                                                                                       |
| 4. FEI Number<br><b>59-2818284</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                    | Applied For<br><input type="checkbox"/> Not Applicable                                                                 |                                                                                                                                       |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                    | \$8.75 Additional Fee Required                                                                                         |                                                                                                                                       |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                    | 7. Name and Address of New Registered Agent                                                                            |                                                                                                                                       |
| <b>CORTES, ONDINA A<br/>18450 NW 12TH AVE.<br/>MIAMI, FL 33169</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                    | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code                               |                                                                                                                                       |
| 8. 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                    |                                                                                                                        |                                                                                                                                       |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small> DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                    |                                                                                                                        |                                                                                                                                       |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                    | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                       |
| Make check payable to<br>Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                    |                                                                                                                        |                                                                                                                                       |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                    | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                  |                                                                                                                                       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | PD<br>CORTES, ONDINA A SR.<br>18450 N W 12 AVE.<br>MIAMI, FL 33169 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                     | D<br>BLANCA FLORES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>134 01 SW 53 ST<br>MIAMI, FL 33175 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | VD<br>LOPEZ, LUIS <input type="checkbox"/> Delete<br>9871 SW 32 ST.<br>MIAMI, FL 33165             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                     | D<br>MARIBEL ZARUT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>13211 SW 68 ST<br>MIAMI, FL 33183  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | SD<br>LOPEZ, ROSA <input type="checkbox"/> Delete<br>9871 SW 32 ST.<br>MIAMI, FL 33165             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                     | PD<br>ONDINA CORTES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>7080 SW 99 AVE<br>MIAMI, FL 33173 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | D<br>MONTELONGO, JORGE <input type="checkbox"/> Delete<br>13830 SW 10 TERR<br>MIAMI, FL 33184      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | D<br>MONTELONGO, MARIA <input type="checkbox"/> Delete<br>13830 SW 10 TERR<br>MIAMI, FL 33184      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                     |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                                                    |                                                                                                                        |                                                                                                                                       |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                    | 3/31/06 305-586-6100                                                                                                   |                                                                                                                                       |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                    | Date Daytime Phone #                                                                                                   |                                                                                                                                       |