


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N39427	
1. Entity Name LATIN AMERICAN MISSIONARY CHALLENGE, INC.	

Principal Place of Business 9214 DAVIS ROAD P.O. BOX 16889 TEMPLE TERRACE, FL 33687-6889	Mailing Address 9214 DAVIS ROAD P.O. BOX 16889 TEMPLE TERRACE, FL 33687-6889
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02012006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3054342	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent BROOKS, KAYE 9214 DAVIS ROAD TEMPLE TERRACE, FL 33687-6889
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DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PD LINDGREN, J. CHARLOTTE 9214 DAVIS ROAD TEMPLE TERRACE, FL
TITLE NAME STREET ADDRESS CITY-ST- ZIP	TD FLORES, DEBORAH D.H. 9214 DAVIS ROAD TEMPLE TERRACE, FL
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VP FLORES, ALVARO 9214 DAVIS ROAD TEMPLE TERRACE, FL
TITLE NAME STREET ADDRESS CITY-ST- ZIP	S BROOKS, KAYE 9214 DAVIS ROAD TEMPLE TERRACE, FL
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D BROOKS, DALE 9214 DAVIS ROAD TEMPLE TERRACE, FL
TITLE NAME STREET ADDRESS CITY-ST- ZIP	

11100000447787
11/08/06-80071-010 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Kaye Brooks Kaye Brooks 2/23/06 813-988-3557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #