2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50966

FILED Jan 09, 2006 Secretary of State

Entity Name: ALEGRA MINISTRIES, INC.

Current Principal Place of Business: New Principal Place of Business:

16435 SW 88TH AVE MIAMI, FL 33157 US

Current Mailing Address: New Mailing Address:

16435 SW 88TH AVE MIAMI, FL 33157 US

FEI Number: 65-0360904 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ALESSI, JOHN STEPHEN

16435 SW 88TH AVE
MIAMI, FL 33157 US

ALESSI, J. STEPHEN

16435 SW 88TH AVE
MIAMI, FL 33157 US

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: J. STEPHEN ALESSI 01/09/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 ALESSI, JOHN STEPHEN,
 Name:
 ALESSI, J. STEPHEN

 Address:
 16435 SW 88TH AVENUE
 Address:
 16435 SW 88TH AVENUE

City-St-Zip: MIAMI, FL City-St-Zip: MIAMI, FL

Title: VD () Delete Title: () Change () Addition

 Name:
 ALESSI, MARY ELAINE,
 Name:

 Address:
 16435 SW 88TH AVENUE
 Address:

 City-St-Zip:
 MIAMI, FL
 City-St-Zip:

Title: STD () Delete Title: () Change () Addition

 Name:
 ALESSI, ANNIE L.,
 Name:

 Address:
 10304 SW 87TH CT.
 Address:

 City-St-Zip:
 MIAMI, FL
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 RIVERA, DARLENE
 Name:

 Address:
 8100 SW 104TH ST
 Address:

 City-St-Zip:
 MIAMI, FL
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 ALESSI, JOHN
 Name:

 Address:
 10304 SW 87TH COURT
 Address:

 City-St-Zip:
 MIAMI, FL
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: J. STEPHEN ALESSI PD 01/09/2006