2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2006
Secretary of State

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Entity Name: IGREJA ASSEMBLEIA DE DEUS EM POMPANO BEACH, INC.

Current Principal Place of Business:

172 N POWERLINE RD
POMPANO BEACH, FL 33069 US

New Principal Place of Business:

Current Mailing Address:

172 N POWERLINE RD
POMPANO BEACH, FL 33069 US

New Mailing Address:

FEI Number: 65-0394106 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PIRES, FRANCISCO PD
172 N POWERLINE RD
POMPANO BEACH, FL 33069 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: PD ( ) Delete
Name: PIRES, FRANCISCO
Address: 172 N POWERLINE RD
City-St-Zip: POMPANO BEACH, FL 33069

Title: S ( ) Delete
Name: DE ALMEIDA, JOAQUIM
Address: 174 N POWERLINE ROAD
City-St-Zip: POMPANO BEACH, FL 33069

Title: TD ( ) Delete
Name: TEXIEIRA, ERASMO
Address: 3828 NW 42 WAY
City-St-Zip: POMPANO BEACH, FL 33073

Title: D ( ) Delete
Name: CLAUDIO, SILVA
Address: 172 N POWERLINE ROAD
City-St-Zip: POMPANO BEACH, FL 33069

Title: D ( ) Delete
Name: BARSHINSKI, JULIANO
Address: 172 N. POWERLINE ROAD
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change ( ) Addition
Name: DE ALMEIDA, JOAQUIM
Address: 174 N POWERLINE ROAD
City-St-Zip: POMPANO BEACH, FL 33069

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: EDILSON, SILVA
Address: 172 N. POWERLINE ROAD
City-St-Zip: POMPANO BEACH, FL 33069

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: FRANCISCO PIRES PD 01/06/2006

Electronic Signature of Signing Officer or Director — Date