2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004604

ORLANDO, FL 32807 US

City-St-Zip:

FILED May 24, 2006 Secretary of State

Entity Nar	ne: TABERNACULO SILOE, INC.		•	
Current Principal Place of Business:		New Principal Place o	New Principal Place of Business:	
	EUNDERHILL RD. D, FL 32807	928 N DEAN RD. ORLANDO, FL 32825		
Current Mailing Address:		New Mailing Address	New Mailing Address:	
	E UNDERHILL RD. D, FL 32807	928 N DEAN RD. ORLANDO, FL 32825		
FEI Number: In accordance	59-3225917 FEI Number Applied For() ce with s. 607.193(2)(b), F.S., the corporation did no	FEI Number Not Applicable() ot receive the prior notice.	Certificate of Status Desired ()	
Name and	Address of Current Registered Agent:	Name and Address of	f New Registered Agent:	
8449 FOR ORLANDO	SO, MANUEL A T THOMAS WAY D, FL 32822 US named entity submits this statement for the performance of Florida.	ourpose of changing its registered	l office or registered agent, or both,	
SIGNATUF	SE.			
0.014, (1.01	Electronic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Delete ILDEFONSO, MANUEL A REV 8449 FT THOMAS WAY ORLANDO, FL 32822 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () Delete AGUAYO, MINERVA 2805 DELCREST DR. ORLANDO, FL 32817 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	TD () Delete BONET, ANGELICA 8449 FORT THOMAS WAY	Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: ILDEFONSO, MANUEL, REV. PD 05/24/2006