

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Aug 29, 2006
Secretary of State**

DOCUMENT# N93000005664

Entity Name: THE MINISTRY OF RECONCILIATION INC.

Current Principal Place of Business:

8306 SW 10TH TERRACE
MIAMI, FL 33144 US

New Principal Place of Business:

Current Mailing Address:

8306 SW 10TH TERRACE
MIAMI, FL 33144 US

New Mailing Address:

FEI Number: 65-0458787 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WILSON, LEONI
475 E 19TH STREET
HIALEAH, FL 33013 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: WILSON, LEONI
Address: 475 E 19TH ST
City-St-Zip: HIALEAH, FL 33013

Title: T () Delete
Name: RODRIGUEZ, CARLOS
Address: 900 W 49 ST
City-St-Zip: HIALEAH, FL 33012

Title: T () Delete
Name: PEREZ, MARGARITA
Address: 514 EAST 17 STREET
City-St-Zip: HIALEAH, FL 33147

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: () Change () Addition
Name:
Address:
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: LEONI WILSON

PD

08/29/2006

Electronic Signature of Signing Officer or Director

_____ Date