


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N94000001575 1. Entity Name EGLISE BAPTISTE MORIJA, HOUSE OF PRAYER, INC.	
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Principal Place of Business 535 NORTH WEST-97TH STREET MIAMI FL 33150 US	Mailing Address 535 NORTH WEST 97TH STREET MIAMI FL 33150 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number 65-0514941	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TOUSSAINT, LOUIS F 535 NORTH WEST 97TH STREET MIAMI FL 33150	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
PD TOUSSAINT, LOUIS F 535 NORTH WEST 97TH STREET MIAMI FL 33150	<input type="checkbox"/> Delete
VPSD RAMEAU, JACQUELINE 8420 NW 11 ST HOLLYWOOD FL 33024	<input type="checkbox"/> Delete
TD DAZILLE, GERMAIN B 855 NE 173 TERR MIAMI FL 33163	<input type="checkbox"/> Delete
_____ TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
_____ TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
_____ TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
_____ TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
_____ TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
_____ TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
_____ TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

U00000692006
04/13/07-80033-016 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Louis Toussaint* 4/2/07 3059516109