


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

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

DOCUMENT # N96000001034 1. Entity Name IGLESIA DEL DIOS VIVIENTE, HECHOS 2:38, INC.	
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Principal Place of Business 115 N DIXIE HWY BOYNTON BEACH FL 33435	Mailing Address 1191 PEAK RD LANTANA FL 33462
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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 Zip Country	City & State Zip Country
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4. FEI Number 65-0672025	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent VALENTIN, JOAQUIN 1191 PEAK RD LANTANA FL 33462	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)

U00000619359
02/05/07-800637002 66.25

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	D VALENTIN, JOAQUIN	<input type="checkbox"/>
NAM	1191 PEAK RD	
STREET ADDRESS	LANTANA FL	
CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/>
NAM	MENDEZ, ROGELIO	
STREET ADDRESS	13028 56 PL N	
CITY - ST - ZIP	ROYAL PALM BEACH FL	
TITLE	S	<input type="checkbox"/>
NAM	ALVAREZ, BLANCA R	
STREET ADDRESS	1191 PEAK RD	
CITY - ST - ZIP	LANTANA FL 33462	
TITLE	D	<input type="checkbox"/>
NAM	ORTIZ, ALFONSO	
STREET ADDRESS	4594 CENTURIAN CIR	
CITY - ST - ZIP	GREENACRES FL 33463	
TITLE		<input type="checkbox"/>
NAM		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAM		
STREET ADDRESS		
CITY - ST - ZIP		

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

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: *Joaquin Valentin* 1-31-2007 1-561-632-6689

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR