Jan.19. 2006 1:05PM No.1200 P. 1

NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000000328

1. Entity Name
MESSIANIQUE TRAINING CENTER AND INSTITUTE, INC.

Principal Place of Business	Mailing Address
5420 NO STATE ROAD 7 FORT LAUDERDALE, FL 33319	5420 NO STATE ROAD 7 FORT LAUDERDALE, FL 33319

01192006 No Chg-NP CR2E037 (11/05)

4. FEI Number
31-1539751

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VALBRUN, JOSEPH
520 NW 5TH STREET
HALLANDALE, FL

7. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

8. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	VALBRUN, JOSEPH
STREET ADDRESS	5420 NO STATE ROAD 7
CITY-ST-ZIP	FORT LAUDERDALE, FL 33319
TITLE	VSD
NAME	VALBRUN, RACHEL
STREET ADDRESS	5420 NO STATE ROAD 7
CITY-ST-ZIP	FORT LAUDERDALE, FL 33319
TITLE	TD
NAME	BAPTISTE, BETTY
STREET ADDRESS	519 FOSTER RD
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	P
NAME	VALBRUN, JOSEPH
STREET ADDRESS	5420 N STATE RD. SEVEN
CITY-ST-ZIP	FT LAUDERDALE, FL 33319
TITLE	T
NAME	BAPTISTE, BETTY
STREET ADDRESS	519 FOSTER RD.
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000396508
01/30/06-80012-023 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 1/19/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #