



**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # N97000000328 1. Entity Name MESSIANIQUE TRAINING CENTER AND INSTITUTE, INC.	
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Principal Place of Business 5420 NO STATE ROAD 7 FORT LAUDERDALE, FL 33319	Mailing Address 5420 NO STATE ROAD 7 FORT LAUDERDALE, FL 33319
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DO NOT WRITE IN THIS SPACE


01262007 No Chg-NP CR2E037 (4/06)

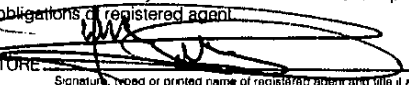
4. FEI Number 31-1539751	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**VALBRUN, JOSEPH
520 NW 5TH STREET
HALLANDALE, FL**

**DO NOT WRITE
IN THIS SPACE**

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:  DATE: **1/26/07**

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, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD VALBRUN, JOSEPH 5420 NO STATE ROAD 7 FORT LAUDERDALE, FL 33319
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD VALBRUN, RACHEL 5420 NO STATE ROAD 7 FORT LAUDERDALE, FL 33319
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BAPTISTE, BETTY 519 FOSTER RD HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P VALBRUN, JOSEPH 5420 N STATE RD. SEVEN FT LAUDERDALE, FL 33319
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BAPTISTE, BETTY 519 FOSTER RD. HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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01/31/07-80004-007 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:  DATE: **1/26/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR