2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001317

Entity Name: TEMPLE DU SAINT ESPRIT DE DIEU CORP.

FILED Apr 11, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8226 NE 2ND AVENUE MIAMI, FL 33138

Current Mailing Address: New Mailing Address:

P.O BOX 530535 8226 NE 2 AVENUE MIAMI, FL 33153 MIAMI, FL 33138

FEI Number: 59-3523592 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MACK, J D NOEL, ABNER
9820 NW 7TH AVE 470 NW 108 STREET
MIAMI, FL 33150 US MIAMI, FL 33168 US

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: ABNER NOEL 04/11/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: PD (X) Change () Addition

 Name:
 FRANCOIS, JEAN DANIEL
 Name:
 NOEL, ABNER

 Address:
 2626 NW 60 WAY
 Address:
 470 NW 108 STREET

 City-St-Zip:
 SUNRISE, FL 33313
 City-St-Zip:
 MIAMI, FL 33168

Title: VD () Delete Title: () Change () Addition Name: ZAMOR, MARIE E Name:

 Name:
 ZAMOR, MARIE E
 Name:

 Address:
 149 NW 88 STREET
 Address:

 City-St-Zip:
 MIAMI, FL 33150
 City-St-Zip:

Title: S () Delete Title: SD (X) Change () Addition Name: DUCLOS, MARIE SD (X) Change () Addition Name: JEAN BAPTISTE, MARIE

 Address:
 85 NE 131 STREET
 Address:
 533 NW 73 LANE

 City-St-Zip:
 MIAMI, FL 33161
 City-St-Zip:
 MIAMI, FL 33150

Title: M () Delete Title: TD (X) Change () Addition

 Name:
 DESTIN, EVLYNE
 Name:
 EDDY, JOSEPH

 Address:
 17601 NW 32 COURT
 Address:
 295 NW 108 STREET

 City-St-Zip:
 OPA LOCKA, FL 33056
 City-St-Zip:
 MIAMI, FL 33168

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ABNER NOEL PD 04/11/2005