2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003594

Entity Name: THE CHURCH OF THE LATTER RAIN, INC.

FILED Feb 28, 2006 Secretary of State

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

1600 N. FEDERAL HWY 1020 SOUTH DIXIE HIGHWAY

#9 & 10 1020

BOYNTON BEACH, FL 33435 LAKE WORTH, FL 33460

Current Mailing Address: New Mailing Address:

PO BOX 491

BOYNTON BEACH, FL 33425

FEI Number: 65-0838270 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

BUSBY, ALBERTO F REV POGNON, PIERRE B REV 2528 10TH AVE N., #201-O 422 S B STREET

LAKE WORTH, FL 33461 US APT B5
LAKE WORTH, FL 33460 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: PIERRE POGNON 02/28/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 DP () Delete
 Title:
 DP (X) Change () Addition

 Name:
 POGNON, PIERRE B PASTOR
 Name:
 POGNON, PIERRE B PASTOR

 Address:
 2528 10TH AVE N., #201-O
 Address:
 422 S B STREET APT B5

 City-St-Zip:
 LAKE WORTH, FL 33460
 City-St-Zip:
 LAKE WORTH, FL 33460

Title: DV () Delete Title: () Change () Addition

 Name:
 POGNON, REMONDE A PASTOR
 Name:

 Address:
 2528 10TH AVE N., #201-0
 Address:

 City-St-Zip:
 LAKE WORTH, FL 33461
 City-St-Zip:

Title: STD () Delete Title: () Change () Addition

 Name:
 FLORESTAL, SMITH
 Name:

 Address:
 120 SW 2ND AVENUE
 Address:

 City-St-Zip:
 BOYNTON BEACH, FL 33435
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: PIERRE POGNON P 02/28/2006