
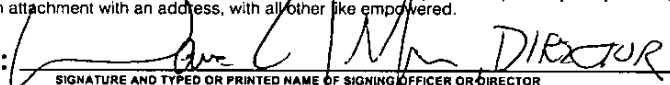


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90099 006 \*\*\*\*61.25

<b>DOCUMENT # N97000005136</b> 1. Entity Name <b>NICARAGUAN CHRISTIAN RELIEF MINISTRIES, INC.</b>					
Principal Place of Business <b>3518 AZEELE ST APT #382 TAMPA, FL 33609</b>			Mailing Address <b>3518 AZEELE ST APT #382 TAMPA, FL 33609</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-3480020</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> <b>JEFFRIES, DAVID M</b> <b>101 E. KENNEDY BLVD.</b> <b>STE 1030</b> <b>TAMPA, FL 33602</b>			<b>7. Name and Address of New Registered Agent</b> Name <b>Jeffries, David M.</b> Street Address (P.O. Box Number is Not Acceptable) <b>101 E. Kennedy Blvd., Suite 3000</b> City <b>Tampa</b>		
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2006</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VALLE-PETERS, AMANDA 3518 AZEELE AVE., #382 TAMPA, FL 33609	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CASTILLO, CECILIA 4801 CULBREATH ISLES RD TAMPA, FL 33629	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELGADO, TOMAS 4121 HIGHLAND PARK CIRCLE LUTZ, FL 33549	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DELGADO, LEONOR 4121 HIGHLAND PARK CIRCLE LUTZ, FL 33549	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FATHER DESMOND, DALY 821 S. DALE MABRY TAMPA, FL 33609	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEFFRIES, DAVID 101 E. KENNEDY BLVD, SUITE 3000 TAMPA, FL 33602	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b>  <b>DIRECTOR</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <b>2.5.06</b> Daytime Phone # <b>813 229.8008</b>	

# ATTACHMENT

40020816

Attachment to 2006 Annual Report for Document #N97000005136

## Additional Officers and Directors:

Title DT  
Name Paul Higgins  
Address 3607 W. San Pedro Street  
City-St-Zip Tampa, FL 33629

Title D  
Name Annette Higgins  
Address 3607 W. San Pedro Street  
City-St-Zip Tampa, FL 33629