

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90056 006 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                     |                                                |                                                                                                                                                                        |                                                        |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--|
| <b>DOCUMENT # N97000005591</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                     |                                                |                                                                                                                                                                        |                                                        |  |
| <b>1. Entity Name</b><br><b>PREMIERE EGLISE BAPTISTE HOREB, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                     |                                                |                                                                                                                                                                        |                                                        |  |
| <b>Principal Place of Business</b><br><b>175 NORTHWEST 128 STREET</b><br><b>MIAMI, FL 33168</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                     |                                                | <b>Mailing Address</b><br><b>175 NORTHWEST 128 STREET</b><br><b>MIAMI, FL 33168</b>                                                                                    |                                                        |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                     |                                                | <b>3. Mailing Address</b>                                                                                                                                              |                                                        |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                     |                                                | Suite, Apt. #, etc.                                                                                                                                                    |                                                        |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                     |                                                | City & State                                                                                                                                                           |                                                        |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                     | Country                                        |                                                                                                                                                                        | Zip                                                    |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                     | Country                                        |                                                                                                                                                                        | 03312007    Chg-NP    CR2E037 (12/06)                  |  |
| <b>4. FEI Number</b><br><b>65-0786095</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                     |                                                |                                                                                                                                                                        | Applied For<br><input type="checkbox"/> Not Applicable |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                     |                                                |                                                                                                                                                                        | <b>\$8.75 Additional Fee Required</b>                  |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>LEVEILLE, LEVICAIRE REV</b><br><b>120 N.E. 151ST STREET</b><br><b>MIAMI, FL 33162</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                     |                                                | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code                            |                                                        |  |
| <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.</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                     |                                                |                                                                                                                                                                        |                                                        |  |
| SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                     |                                                | DATE <b>04-08-07</b>                                                                                                                                                   |                                                        |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                     |                                                | <b>9. Election Campaign Financing</b> <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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | D<br>LEVEILLE, LEVICAIRE<br>175 NORTHWEST 128 STREET<br>MIAMI, FL 33168 <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                      |                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | D<br>MONDE, FENOL<br>175 NORTHWEST 128 STREET<br>MIAMI, FL 33168 <input checked="" type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D <b>SEGU, Pierre</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>1650 NW 117 Street</b><br><b>Miami, Florida 33167</b>         |                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | T<br>LEVEILLE, RIGEBERT<br>175 NORTHWEST 128 STREET<br>MIAMI, FL 33168 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                      |                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | T<br>AUGUSTE, MICHEL<br>120 NE 151 STREET<br>NORTH MIAMI BEACH, FL 33162 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T <b>NORELUS, LUCARNE</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>70 NE 174 ST.</b><br><b>N. Miami Beach, Florida 33162</b> |                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | T<br>LEVEILLE, FELIX<br>1155 NW 127 AVE.<br>MIAMI, FL 33168 <input type="checkbox"/> Delete                         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                      |                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | S<br>LEVEILLE, SUZETTE<br>120 NE 151ST STREET<br>NORTH MIAMI BEACH, FL 33162 <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                      |                                                        |  |
| <b>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 another the employee.</b> |                                                                                                                     |                                                |                                                                                                                                                                        |                                                        |  |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                     |                                                | DATE <b>04-08-07</b>                                                                                                                                                   |                                                        |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                     |                                                | Daytime Phone #                                                                                                                                                        |                                                        |  |