2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000622

Apr 13, 2007 Secretary of State

Entity Name: MINISTERIO INTERDENOMINACIONAL DE MADRES UNIDAS EN CLAMOR, INC.

Current Principal Place of Business: New Principal Place of Business: 3207 NORTH O1A AVENUE 3207 NORTH OLA AVENUE TAMPA, FL 33603 TAMPA, FL 33603 **Current Mailing Address: New Mailing Address:** 3207 N OLA AVE TAMPA, FL 33603 FEI Number: 59-3519479 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: ROSA, SANTA ROSAS, SANTA 3207 N ÖLA AVE 3207 N OLA AVE TAMPA, FL 33603 US TAMPA, FL 33603 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: SANTA ROSAS 04/13/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition ROSAS, SANTA Name: Name: 3207 N OLA AVE Address: Address: City-St-Zip: TAMPA, FL 33603 City-St-Zip: Title: Title: (X) Change () Addition () Delete SOTO, MAIDA Name: FIGUEROA, SOCORRO Name: Address: 1217 E. COLUMBUS DR. Address: 9825 OAKS STREET City-St-Zip: TAMPA, FL 33605 City-St-Zip: TAMPA, FL 33635 Title: () Delete Title: () Change () Addition MERCEDES, MILAGROS Name: Name: Address: 9617 N. 46TH ST. Address: City-St-Zip: TAMPA, FL 33617 City-St-Zip: Title: () Delete Title: (X) Change () Addition GASTON, MARIA GASTON, MARIA Name: Name: 4211 DALWOOD CT Address: Address: 4211 DALWOOD CT. City-St-Zip: TAMPA, FL 33615 City-St-Zip: TAMPA, FL 33615 Title: () Delete Title: () Change () Addition ORLANG, RAQUEL Name: Name: 11315 SPRING CT APT B Address: Address: City-St-Zip: TAMPA, FL 33612 City-St-Zip: Title: () Delete Title: (X) Change () Addition FUENTES, MARGARET GUZMAN, IRIS Name: Name: Address: 3207 NORTH O1A AVE Address: 8386 EMILY WOOD CRT. TAMPA, FL 33603 TAMPA, FL 33647 US City-St-Zip: 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: SANTA ROSAS D 04/13/2007