


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N98000003096 1. Entity Name IGLESIA PENTECOSTAL ESPIRITU SANTO, INC.	
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FILED
06 APR 27 AM 11:43

Principal Place of Business 285 MARION OAKS LANE OCALA FL 34473	Mailing Address 15249 SW 39 CIR OCALA FL 34473
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STATE OF FLORIDA
TALLAHASSEE, FLORIDA



2. Principal Place of Business	3. Mailing Address	1st MOORE CR2E037 (10/05)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
Country	Country	Country

4. FEI Number 59-3488965	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DE LA ROSA, ANDRES 15249 SW 39 CIR OCALA FL 34473	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		Delete
TITLE	SD DE LA ROSA, MARIA	<input type="checkbox"/>
NAME	15249 SW 39 CIR	
STREET ADDRESS	OCALA FL 34473	
CITY-ST-ZIP		
TITLE	TD RAMOS, ANA	<input type="checkbox"/>
NAME	2856 SW 161 LP	
STREET ADDRESS	OCALA FL 34473	
CITY-ST-ZIP		
TITLE	PD ORTIZ, MYRIAM	<input type="checkbox"/>
NAME	15249 SW 39 CIR	
STREET ADDRESS	OCALA FL 34473	
CITY-ST-ZIP		
TITLE	D DE LA ROSA, ANDRES	<input type="checkbox"/>
NAME	15249 SW 39 CIR	
STREET ADDRESS	OCALA FL 34473	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		Change	Addition
TITLE	400074152314	<input type="checkbox"/>	<input type="checkbox"/>
NAME	05/08/06--01018--022 **61.25		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	400074152314	<input type="checkbox"/>	<input type="checkbox"/>
NAME	05/08/06--01018--023 **8.75		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: Myriam Ortiz 7-25-06 (352)347-8874