


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N98000004325</b> 1. Entity Name <b>MINISTERIO CASA BELEN (PACTO DE PAZ), INC.</b>						<div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg);">FILED</div> <div style="font-size: 1.2em;">06 SEP 19 PM 12:00</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 612 NW 90 TERR PLANTATION, FL 33324				Mailing Address 500 FRIENDWAY RD GREENSBORO, NC 27410			
2. Principal Place of Business <b>7310 NW 38 CT</b>				3. Mailing Address			
Suite, Apt. #, etc. <b>CORAL SPRING, FL</b>				Suite, Apt. #, etc.			
City & State				City & State			
Zip <b>33065</b>		Country		Zip		Country	
6. Name and Address of Current Registered Agent  <b>MORALES, IVAN</b> <b>612 NW 90 TERR</b> <b>PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code			
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 _____							
<b>Filing Fee is \$81.25</b> <b>Due by September 6, 2006</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</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 MORALES, IVAN REV <input type="checkbox"/> Delete 500 FRIENDWAY RD GREENSBORO, NC 27410			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Ad <div style="font-size: 1.2em; font-weight: bold;">500080095035</div> <div style="font-size: 0.8em;">09/22/06--01055--001 **\$61.25</div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORALES, MARIO REV <input type="checkbox"/> Delete 612 NW 90 TERR PLANTATION, FL 33324			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Ad		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORALES, VICKY <input type="checkbox"/> Delete 612 NW 90 TERR PLANTATION, FL 33324			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Ad <b>MORALES VICKY</b> <b>7310 NW 38 CT</b> <b>CORAL SPRING, FL 33065</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOINS, AWILDA <input type="checkbox"/> Delete 3505 EUCLID ST GREENSBORO, NC 27407			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Ad		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORALES, AZUCENA <input type="checkbox"/> Delete 4 M ST CROIX PL GREENSBORO, NC 27410			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Ad		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Ad		

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE \_\_\_\_\_ Sent 2006 7C 9/21