


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2006 8:00 am
Secretary of State

08-03-2006 90001 001 ****70.00

DOCUMENT # N02000000002

1. Entity Name
SHADDAI INTERNATIONAL OUTREACH MINISTRY INC.



Principal Place of Business
 2890 NW 160 ST
 MIAMI, FL 33054

Mailing Address
 2890 NW 160 ST
 MIAMI, FL 33054

50024000



2. Principal Place of Business
2890 NW 160 ST

3. Mailing Address
2890 NW 160 ST

Suite, Apt. #, etc.

07172006 Chg-NP CR2E037 (4/06)

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33054

Country
U.S.A

Zip
33054

Country
U.S.A

4. FEI Number
26-0007733

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LOPEZ, REINERIO
2890 NW 160 ST
MIAMI, FL 33054

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 Reinerio Lopez [Signature] 7/27/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	LOPEZ, REINERIO	
STREET ADDRESS	2890 NW 160 ST	
CITY-ST-ZIP	MIAMI, FL 33054	
TITLE	DV	<input type="checkbox"/> Delete
NAME	VALENTINE, LINDA	
STREET ADDRESS	8220 SW 65TH AVE APT D5	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE	DS	<input type="checkbox"/> Delete
NAME	TURNER, ARENA	
STREET ADDRESS	723 NW 73 ST	
CITY-ST-ZIP	MIAMI, FL 33150	
TITLE	DT	<input type="checkbox"/> Delete
NAME	LOPEZ, BRIGINA	
STREET ADDRESS	2890 NW 160 ST	
CITY-ST-ZIP	MIAMI, FL 33054	
TITLE	DT	<input type="checkbox"/> Delete
NAME	LOCKHART, MAULEEN	
STREET ADDRESS	650 NE 61 ST	
CITY-ST-ZIP	MIAMI, FL 33137	
TITLE	DS	<input type="checkbox"/> Delete
NAME	BOWE, MICHELLE	
STREET ADDRESS	7794 MIRAMAR PKWY	
CITY-ST-ZIP	MIRAMAR, FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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.

SIGNATURE: Reinerio Lopez [Signature] 7/27/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #