


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2005 08:00 AM
Secretary of State

1. Entity Name BETHSAIDA, INC.	G15848 
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Principal Place of Business 4315 HAMILTON RD LAKELAND, FL 33811	Mailing Address 4315 HAMILTON RD LAKELAND, FL 33811
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01062005

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2273898	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75	

5. Name and Address of Current Registered Agent FORTNER, W. RAY 422 SOUTH FLORIDA AVE. LAKELAND, FL 33802

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RITCHEY, DAVID A. 4309 HAMILTON ROAD LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS RITCHEY, JULIA A. 4309 HAMILTON ROAD LAKELAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/17/05-80005-014 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, 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: *David A. Ritchey* **4-30-05** **863644-3009**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #