

2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-05-2005 90115 050 ****75.00

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FILED

2005 OCT -4 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
50054551



05202005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000100810					
1. Entity Name FAITH BY WORKS BOOK "R" US INC.					
Principal Place of Business 1830 N.W. 185 ST. OPA LOCKA, FL 33056		Mailing Address 1830 N.W. 185 ST. OPA LOCKA, FL 33056			
2. Principal Place of Business 1830 N.W. 185 St Suite, Apt. #, etc. OPA Locka Fl. #1		3. Mailing Address 1830 N.W. 185 Street Suite, Apt. #, etc. #1		4. FFI Number 36-4580225	
City & State OPA Locka Fl.		City & State OPA Locka Fl.		Applied For Not Applicable	
Zip 33056	Country Dade	Zip 33056	Country Dade	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEE, PAULA J 1830 N.W. 185 ST. OPA LOCKA, FL 33056			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILLIAMS, PARNETH 419 CHURCH ST. VALDOSTA, GA 31601	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10/05/05--01031--003 **75.00 300060247043 10/05/05--01031--003 **75.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STUCKY, WILLIAM 1307 EAST 69TH ST. SAVANNAH, GA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEE, PAULA J 1830 N.W. 185 ST. OPA LOCKA, FL-33056	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Addition
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"/> Addition
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"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Paula J Lee Paula J Lee President 6-25-05</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					

Handwritten initials