

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2006 08:00 A
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



01232006 No Chg-P CR2E034 (11/05)

4. FEI Number 36-4580225	Applied For Not Applicable
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**

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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILLIAMS, PARNETH 419 CHURCH ST. VALDOSTA, GA 31601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STUCKY, WILLIAM 1307 EAST 69TH ST. SAVANNAH, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEE, PAULA J 1830 N.W. 185 ST. OPA LOCKA, FL 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000565348
 05/20/06-80131-001 100.00

U00000565348
 05/20/06-80131-002 25.00

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U00000565348
 05/20/06-80131-003 25.00

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 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: *Paula J. Lee* **Paula J. Lee** President 4-26-06

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