2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000643

FILED Apr 25, 2005 Secretary of State

Entity Name: THE LOVE OF CHRIST MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business: PO BOX 771594 ORLANDO, FL 32877 Current Mailing Address:			New Princ	New Principal Place of Business: New Mailing Address:		
			New Maili			
PO BOX 77 ORLANDO	71594), FL 32877					
FEI Number:	22-3894899	FEI Number Applied For()	FEI Number Not App	licable () Certifica	ate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and	I Address of New Reg	jistered Agent:	
1840 SW 2 4TH FLOO MIAMI, FL The above	R 33145 US named entity of Florida.	P.A. y submits this statement for th	e purpose of changing	its registered office or r	registered agent, or both,	
SIGNATUR		onic Signature of Registered A			 Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD (RILEY, THEO PO BOX 7715 ORLANDO, F	594	Title: Name: Address: City-St-Zip:	() Change	() Addition	
Title: Name: Address: City-St-Zip:	VSTD (RILEY, LISA PO BOX 7715 ORLANDO, F		Title: Name: Address: City-St-Zip:	VSTD (X) Change RILEY, LISA A PO BOX 771594 ORLANDO, FL 32877	() Addition	
Title: Name: Address: City-St-Zip:	D (NEGRON, ZO PO BOX 7715 ORLANDO, F	594	Title: Name: Address: City-St-Zip:	() Change	() Addition	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	D () Change NAPOLEON, SAMUEL PO BOX 771594 ORLANDO, FL 32877	(X) Addition	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	D () Change HAMMER, MARK PO BOX 771594 ORLANDO, FL 32877	(X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA A RILEY VSTD 04/25/2005