


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000004272 1. Entity Name FAITHFUL SERVANTS COMMUNITY HEALTH EDUCATION SERVICES, INC.	
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Principal Place of Business 9480 POINCIANA PL STE 403 FT LAUDERDALE, FL 33324	Mailing Address P. O. BOX 15937 FT LAUDERDALE, FL 33318
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04272007 No Chg-NP CR2E037 (4/06)

4. FEI Number 01-0785601	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent WORTS, MARYANN 9480 POINCIANA PLACE 403 FT. LAUDERDALE, FL 33324
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**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 _____
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 May 1, 2007**

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

U000000757254
05/23/07-80063-015 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FEDP WORTS, MARYANN M 9480 POINCIANA PLACE FT LAUDERDALE, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WORTS, MARYANN M 9480 POINCIANA PL STE 403 FT LAUDERDALE, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WORTS, EDGAR C III 9480 POINCIANA PL STE 403 FT LAUDERDALE, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BILLINS, MICHAEL V 9480 POINCIANA PL STE 403 FT LAUDERDALE, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARIN, IVONNE 18702 N.W. 89TH AVE. MIAMI, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENT, ELIZABETH 590 N.W. 49TH ST. #101 FORT LAUDERDALE, FL 33319

**DO NOT WRITE
IN THIS SPACE**

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:

Maryann Worts - Mary Ann Worts
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/2007 954540-9678