2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006449

FILED Apr 28, 2005 Secretary of State

Entity Name: TOUGH LOVE MINISTRIES, INC.

Current Principal Place of Business: New Principal Place of Business:

840 NW 142ND STREET MIAMI, FL 33168

Current Mailing Address: New Mailing Address:

840 NW 142ND STREET MIAMI, FL 33168

FEI Number: 27-0103415 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FIELDS, LARCENIA FIELDS, LARCENIA B
840 NW 142ND STREET 840 NW 142ND STREET
MIAMI, FL 33168 US MIAMI, FL 33168 US

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.

SIGNATURE: LARCENIA B. FIELDS 04/28/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: FIELDS, LARCENIA B

 Address:
 840 NW 142ND STREET
 Address:
 840 NW 142ND STREET

 City-St-Zip:
 MIAMI, FL 33168
 City-St-Zip:
 MIAMI, FL 33168

 $\label{eq:total_times} \mbox{Title:} \qquad \mbox{V} \qquad \mbox{() Delete} \qquad \mbox{Title:} \qquad \mbox{() Change () Addition}$

 Name:
 FIELDS, KAHLEIA
 Name:

 Address:
 840 NW 142ND STREET
 Address:

 City-St-Zip:
 MIAMI, FL 33168
 City-St-Zip:

Title: S () Delete Title: () Change () Addition

 Name:
 SANDS, GLORIA
 Name:

 Address:
 840 NW 142ND STREET
 Address:

 City-St-Zip:
 MIAMI, FL 33168
 City-St-Zip:

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: LARCENIA B. FIELDS P 04/28/2005