

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 14, 2005  
Secretary of State**

DOCUMENT# N04000000316

Entity Name: FIRST LOVE MINISTRIES, INC.

**Current Principal Place of Business:**

720 N. ORANGE AVENUE  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

4815 CHEROKEE ROSE DR.  
ORLANDO, FL 32808

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

RAMIREZ, LEAH  
4815 CHEROKEE ROSE DR.  
ORLANDO, FL 32808 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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: RAMIREZ, LEAH  
Address: 4815 CHEROKEE ROSE DR.  
City-St-Zip: ORLANDO, FL 32808

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD ( ) Delete  
Name: RAMIREZ, LARRY  
Address: 4815 CHEROKEE ROSE DR.  
City-St-Zip: ORLANDO, FL 32808

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD ( ) Delete  
Name: WYNN, DEBRA  
Address: 1720 HAVEN DR.  
City-St-Zip: ORLANDO, FL 32808

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: LEAH RAMIREZ

PD

05/14/2005

Electronic Signature of Signing Officer or Director

Date