

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008011

FILED
Apr 25, 2005
Secretary of State

Entity Name: GOD'S REMEDY & AID, INC.

Current Principal Place of Business:

621 FAYETTE DR SOUTH
SAFETY HARBOR, FL 34695

New Principal Place of Business:

13754 POWDER KEG CT
HUDSON, FL 34667

Current Mailing Address:

621 FAYETTE DR SOUTH
SAFETY HARBOR, FL 34695

New Mailing Address:

13754 POWDER KEG CT
HUDSON, FL 34667

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GULECAS, JAMES F
1968 BAYSHORE BLVD
DUNEDUN, FL 34698 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: D'ANDREA, STEPHANIE
Address: 621 FAYETTE DR SOUTH
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D () Delete
Name: GROSSI, RYANN A
Address: 621 FAYETTE DR SOUTH
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D () Delete
Name: GROSSI, DANTE M
Address: 621 FAYETTE DR SOUTH
City-St-Zip: SAFETY HARBOR, FL 34695

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: D'ANDREA, STEPHANIE
Address: 13754 POWDER KEG CT
City-St-Zip: HUDSON, FL 34667

Title: D (X) Change () Addition
Name: GROSSI, RYANN A
Address: 13754 POWDER KEG CT
City-St-Zip: HUDSON, FL 34667

Title: D (X) Change () Addition
Name: GROSSI, DANTE M
Address: 13754 POWDER KEG CT
City-St-Zip: HUDSON, FL 34667

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: RYANN A. GROSSI

MISS

04/25/2005

Electronic Signature of Signing Officer or Director

Date