

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
May 26, 2005
Secretary of State**

DOCUMENT# N94000005704

Entity Name: FELLOWSHIP HOUSE EMPLOYMENT SERVICES, INC.**Current Principal Place of Business:**5711 SOUTH DIXIE HIGHWAY
SOUTH MIAMI, FL 33143**New Principal Place of Business:****Current Mailing Address:**5711 SOUTH DIXIE HIGHWAY
SOUTH MIAMI, FL 33143**New Mailing Address:**

FEI Number: 65-0539118

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:GIAMPAOLO, JOHN C VP ADM
5711 S. DIXIE HWY
MIAMI, FL 33143 US**Name and Address of New Registered Agent:**GATO, GERARDO VP F&O
5711 S. DIXIE HWY
MIAMI, FL 33143 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: GERARDO GATO

05/26/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: CD () Delete
Name: OLLER, VIRAMA
Address: 5711 SOUTH DIXIE HWY
City-St-Zip: SOUTH MIAMI, FL 33143Title: D () Delete
Name: GIAMPAOLO, JOHN C
Address: 5711 SOUTH DIXIE HIGHWAY
City-St-Zip: SOUTH MIAMI, FL 33143Title: D () Delete
Name: SMITH-HOEL, ROSEMARY
Address: 5711 SOUTH DIXIE HIGHWAY
City-St-Zip: SOUTH MIAMI, FL 33143**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: D (X) Change () Addition
Name: GATO, GERARDO
Address: 5711 SOUTH DIXIE HIGHWAY
City-St-Zip: SOUTH MIAMI, FL 33143Title: () 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: VIRAMA OLLER

PD

05/26/2005

Electronic Signature of Signing Officer or Director

Date