


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2006 8:00 am
Secretary of State

07-14-2006 90022 037 ****70.00

DOCUMENT # N96000004655	
1. Entity Name LOVE AND MIRACLES OF JESUS CHRIST CORPORATION	

Principal Place of Business 11351 NW 40 PLACE SUNRISE, FL 33323 US	Mailing Address 11351 NW 40 PLACE SUNRISE, FL 33323 US
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2. Principal Place of Business Suite, Apt. #, etc. Same City & State Zip	3. Mailing Address Suite, Apt. #, etc. Same City & State Zip
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40099114



06232006 Chg-NP CR2E037 (4/06)

4. FEI Number 65-0695754	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PAULI, OSCAR A 7503 KIMBERLY BLVD. APT #110 NORTH LAUDERDALE, FL 33068	
7. Name and Address of New Registered Agent Name Pauli Oscar A. Street Address (P.O. Box Number is Not Acceptable) 11351 NW 40 PL City Sunrise FL, 33323 Zip Code FL 33323	

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 September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAULI, OSCAR A 11351 NW 40 PLACE SUNRISE, FL 33323 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Pauli Oscar 11351 NW 40 PL SUNRISE, FL, 33323 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HEGEL, NELIDA B 11351 NW 40 PLACE SUNRISE, FL 33323 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HEGEL, NELIDA 11351 NW 40 PL Sunrise FL 33323 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PAULI, GRISELDA E 11351 NW 40 PLACE SUNRISE, FL 33323 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Pauli, Griselda 11351 NW 40 PL Sunrise FL, 33323 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HERNANDEZ, LUIS D 11351 NW 40 PLACE SUNRISE, FL 33323 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HERNANDEZ, Luis D. 11351 NW 40 PL SUNRISE, FL, 33323 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LACOT, MARIA M 8040 COLONY CIR. BLDG. 2 APT. 305 TAMARAC, FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lacot, Marie 8040 Colony Circ. Bldg 2 #305 Tamarac, FL 33321 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEGEL, MARIA 8430 NW 40TH STREET CORAL SPRINGS, FL 33065 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Virgilio Acevedo 1137B NW 110AV. Coral Springs, FL 33065 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

07/10/06 (954) 749-0950