please LOOK at the Little not in the back thank you God bless

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
06 JAN 31 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000006837

1. Entity Name
TRUST AND JOY TO HELP ALL JESUS CHILDREN INTERNATIONAL INC.

Principal Place of Business	Mailing Address
306 LANDCASTER ROAD ORLANDO, FL 32809	P.O. BOX 622214 ORLANDO, FL 32862-2214

08282005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
306 LANCASTER RD	P.oBox622214
Suite, Apt. #, etc. one office INSide the church	Suite, Apt. #, etc.
City & State: orlando FL.	City & State: orlando FL.
Zip: 32809 Country: orange	Zip: 32862 Country: orange

4. FEI Number 65-0678304 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MORAMORANE, JULIA 4567 Cove Dr. Apt. 103 ORLANDO, FL 32812	Name: JULIA MORAME Street Address (P.O. Box Number is Not Acceptable): 4567 Cove Dr. Apt. 103 City: orlando FL Zip Code: 32812

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] 01/23/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25 ✓

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MORAME, HENRILUS REV 4567 cove Dr. Apt. 103 ORLANDO, FL 32812	☐ Delete	BM SOLANGE ST LOUIS 3024 N. POWER Dr. APT. 220 ORLANDO FL32818	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MORAME, JULIA 4567 Cove Dr. Apt. 103 ORLANDO, FL 32812	☐ Delete	BM MADELAINE ALEXANDRE 1760 Sath AW CIL Apopka FL. 32703	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BM FISHER, FABIOLA 1077 METRO WEST ORLANDO, FL	☐ Delete	BM YVES DARUIS 1508 RIDGE POINT Orlando FL. 32803	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BM NEREUS, DENIS REV 306 LANDCASTER ROAD ORLANDO, FL 32805	☐ Delete	BM PAMELA CARTER 8637 PISADE Apt. 1023 orlando FL. 32810	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BM JACKOBERT ST JEAN REV 2813 greenfild ave ORLANDO, FL 32808	☐ Delete	BM LEALA VEGARA 1813 LOOK WOOD AVE orlando FL. 32812	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BM VEYONNE DEVALON 5606 PGA APT. 2818 ORLANDO FL. 32839	☐ Delete	800065585328 02/10/06--01072--012 **61.25	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #