


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 8:00 am
Secretary of State

01-18-2008 90006 028 ****61.25

DOCUMENT # N97000006837	
1. Entity Name TRUST AND JOY TO HELP ALL JESUS CHILDREN INTERNATIONAL INC.	

Principal Place of Business 306 LANCASTER ROAD ORLANDO, FL 32809	Mailing Address P.O. BOX 622214 ORLANDO, FL 32862
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2. Principal Place of Business - No P.O. Box # 306 W Lancaster Rd.	3. Mailing Address P.O. Box 622214
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01072008 Chg-NP CR2E037 (12/06)

City & State Orlando FL.	City & State Orlando FL.
Zip 32809	Zip 32862-2214
Country Orange	Country Orange

4. FEI Number 65-0678304	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MORAME, JULIA 4700 SPOTTSWOOD DR. ORLANDO, FL 32812	
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7. Name and Address of New Registered Agent Name JULIA MORAME Street Address (P.O. Box Number is Not Acceptable) 4700 Spottswood Dr. City Orlando State FL Zip Code 32812	
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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 Julia Morame <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE 01/10/08
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Filing Fee is \$61.25 Due by May 1, 2008	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORAME, HENRILUS REV 4567 COVE DRIVE, APT 103 ORLANDO, FL 32807 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORAME, JULIA 4567 COVE DRIVE, APT 103 ORLANDO, FL 32807 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM JEAN, DAVID 1077 METRO WEST ORLANDO, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM NEREUS, VEYONNE 1440 ABBERTON DR. ORLANDO, FL 32837 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM ST. JEAN, JACKOBERT 2813 GREENFIELD AVENUE ORLANDO, FL 32805 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM NEREUS, DENIS REV. 306 LANCASTER ROAD ORLANDO, FL 32805 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORAME HENRILUS <input type="checkbox"/> Change <input type="checkbox"/> Addition 4700 Spottswood Dr. Orlando FL. 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORAME JULIA <input type="checkbox"/> Change <input type="checkbox"/> Addition 4700 Spottswood Dr. Orlando FL. 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM JUAN DAVID <input type="checkbox"/> Change <input type="checkbox"/> Addition 306 W Lancaster Rd. Orlando FL. 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM LEILA VEGARA <input type="checkbox"/> Change <input type="checkbox"/> Addition 1813 LOKWOOD AVE Orlando FL. 32805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM NEREUS VEYONNE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1440 ABBERTON DR. Orlando FL. 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM Jean Marforie <input type="checkbox"/> Change <input type="checkbox"/> Addition 2813 GREENFIELD AVE Orlando FL. 32805

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: Julia Morame <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE 01/10/08	DAYTIME PHONE # 407-923-5677
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