2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N97000006837



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

	AND JOY TO HELP ALL JES ATIONAL INC.	SUS CHILDREN			01-18-2008 90006	5 028 ****	61.25	
	ce of Business ASTER ROAD 'L 32809	Mailing Address P.O. BOX 622214 ORLANDO, FL 32862	<u> </u>					
2. Principal Place of Business - No P.O. Box # 306 w Lancaster Rd P-OBOX 622214 Suite, Apt. #, etc. Suite, Apt. #, etc.			2.14					
				01072008 Chg-NP CR2E037 (12/06)				
City & Sta		City & State Orlando	7/.	4. FEI Number 65-0678304	4	·	oplied For of Applicable	
3280 0		Zip 32862-22/4	country orange	5. Certificate of Sta	3 × 5 26	\$8.75 Add Fee Required		
6. Name and Address of Current Registered Agent Name				7. Name and Address of New Registered Agent				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				ess (P.O. Box Number is N	(P.O. Box Number is Not Acceptable)			
UTOO Skottswood Dr.								
	•		City	do	FI	Zip Code	e	
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 amortifie if applicable. (NOTE: Registered Agent signature required when remistating) DATE								
Filing Fee is \$61.25 9. Election Campaign Fine Due by May 1, 2008 Trust Fund Contribution								
				\$5.00 May Be Added to Fees	Make chec Florida Depa	ck payable to artment of St		
10.	Due by May 1, 2008 OFFICERS AND DIF	Trust Fund C	Contribution.	Added to Fees ADDITIONS/CHANGE	Florida Depa	artment of St	10 10	
10.	Due by May 1, 2008	Trust Fund C	Contribution.	Added to Fees ADDITIONS/CHANGE	Florida Department of the Florida Department	DIRECTORS IN	tate,	
NAME STREET ADDRESS	OFFICERS AND DIF P MORAME, HENRILUS REV 4567 COVE DRIVE, APT 103	Trust Fund C	11. TITLE NAME STREET ADDRESS	Added to Fees ADDITIONS/CHANGE	Florida Department of the Florida Department	DIRECTORS IN	tațe,	
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I nereby 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 it 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: