


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 21, 2004 8:00 am
Secretary of State

06-21-2004 90136 001 ****70.00
06-21-2004 90136 002 ****70.00

DOCUMENT # N99000000028	
1. Entity Name JESUS I LOVE YOU, INC.	

Principal Place of Business 901 HARBOR DR. KEY BISCAVNE, FL 33149	Mailing Address 901 HARBOR DR. KEY BISCAVNE, FL 33149
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66428781



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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03132003 Chg-NP CR2E037 (10/03)

City & State	City & State
Zip	Country

4. FEI Number 65-0900121	Applied For 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 DOWNNS, JOSEPH W III ESQ. 901 HARBOR DR. KEY BISCAVNE, FL 33149	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by September 8, 2004	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	<input type="checkbox"/> Delete
T BROWN, ISIAH 8090 N.W. 13TH AVE. MIAMI, FL	
T BROWN, ALLEGRA B 8090 N.W. 13TH AVE. MIAMI, FL	
T BROWN, OKEY JR. 690 S.W. 31STST AVE. FT. LAUDERDALE, FL 33132	
T [Blank] [Blank] [Blank]	<input type="checkbox"/> Delete
T [Blank] [Blank] [Blank]	<input type="checkbox"/> Delete
T [Blank] [Blank] [Blank]	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
[Blank]	
[Blank]	
[Blank]	
[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Isiah Brown / Isiah Brown</u>	<u>6-18-04</u>	<u>305 676 9626</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #