


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N99000002400</b> 1. Entity Name <b>JEWELS MINISTRIES, INC.</b>						<div style="font-size: 24px; font-weight: bold;">05 MAY -2 PM 12: 29</div> <div style="font-size: 12px;">             FEDERAL REGISTER              TALLAHASSEE, FLORIDA           </div>			
Principal Place of Business <b>8438 COLBERT ROAD TALLAHASSEE, FL 32315</b>		Mailing Address <b>POST OFFICE BOX 135 WOODVILLE, FL 32362</b>							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
City & State		City & State		4. FEI Number <b>NOT APPLICABLE</b>		Applied For <input type="checkbox"/> Not Applicable			
Zip		Country		Zip		Country			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>MCMILLIAN, EDNA 2810 JIM LEE RD. TALLAHASSEE, FL 32301</b>				Name <hr/> Street Address (P.O. Box Number is Not Acceptable) <hr/> <hr/> City <div style="text-align: right; font-weight: bold; font-size: 18px;">FL</div> <div style="text-align: right;">Zip Code</div>					
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>									
<b>Filing Fee is \$61.25 Due by September 7, 2005</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	CLEMONS, EDWIN O			NAME					
STREET ADDRESS	2810 JIM LEE RD.			STREET ADDRESS					
CITY-ST-ZIP	TALLAHASSEE, FL 32301			CITY-ST-ZIP					
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	CLEMONS, CYNTHIA			NAME					
STREET ADDRESS	2810 JIM LEE RD.			STREET ADDRESS					
CITY-ST-ZIP	TALLAHASSEE, FL 32301			CITY-ST-ZIP					
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	RANDOLPH, ISAAC			NAME					
STREET ADDRESS	2810 JIM LEE RD.			STREET ADDRESS					
CITY-ST-ZIP	TALLAHASSEE, FL 32301			CITY-ST-ZIP					
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	MCMILLIAN, EDNA			NAME					
STREET ADDRESS	2810 JIM LEE RD.			STREET ADDRESS					
CITY-ST-ZIP	TALLAHASSEE, FL 32301			CITY-ST-ZIP					
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	RANDOLPH, ALETHIA			NAME					
STREET ADDRESS	2810 JIM LEE RD.			STREET ADDRESS					
CITY-ST-ZIP	TALLAHASSEE, FL 32301			CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME				NAME					
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
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.									
<b>SIGNATURE:</b> <u>Edna McMillian</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: <u>5/2/05</u>		Daytime Phone #: <u>850 249-0322</u>			



05022005 Chg-NP CR2E037 (10/03) 05

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City  
 FL Zip Code

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

10. OFFICERS AND DIRECTORS  
 TITLE NAME STREET ADDRESS CITY-ST-ZIP  
 D CLEMONS, EDWIN O 2810 JIM LEE RD. TALLAHASSEE, FL 32301

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  
 TITLE NAME STREET ADDRESS CITY-ST-ZIP  
 Change  Addition  
**600054669376**  
**05/17/05--01032--025 \*\*61.25**

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
 D RANDOLPH, ISAAC 2810 JIM LEE RD. TALLAHASSEE, FL 32301

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
 D MCMILLIAN, EDNA 2810 JIM LEE RD. TALLAHASSEE, FL 32301

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
 D RANDOLPH, ALETHIA 2810 JIM LEE RD. TALLAHASSEE, FL 32301

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
 Delete  Change  Addition

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SIGNATURE: Edna McMillian Date: 5/2/05 Daytime Phone #: 850 249-0322