## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P0000049  1. Entity Name GOD IS LOVE INCORPORATED	9625		FILE() 05 JUN 24 PM 12: 12	
Principal Place of Business 2316 N.W. 14 COURT FORT LAUDERDALE, FL 33311	14 COURT 2316 N.W. 14 COURT		SECIAL CONTRACTOR	
2. Principal Place of Business 2.3.16 N.L.\(\triangle\) 14.4 Suite, Apt. #, etc.	3. Mailing Address 23/6 WW. Suite, Apt. #, etc.	144	05092005 Chg-P CR2E034 (10/03)	
City & State H.L. auder dye FC			4. FEI Number Applied For 65-0988284 Not Applied For	
Zip Country 33311 Broward	Zip 3331/	Browsind	5. Certificate of Status Desired \$8.75 Additional Fee Required	
6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent	
CARTER, DENNIS J SR. 7805 NW 40TH ST. CORAL SPRINGS, FL 33065		Street Address	ss (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 Dennis Carte John (NOTE: Registered Agent signature required when renstating)  DATE				
FILE NOWII! FEE IS \$550.00  9. Election Campaign Financing \$5.00 May 8e  Due by September 7, 2005  9. Election Campaign Financing \$5.00 May 8e  Trust Fund Contribution.				
10 OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME WRIGHT, THOMAS  STREET ADDR. 2316 N.W. 14CT.  CITY-SI-ZIP FORT LAUDERDALE, FL 33311	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Change □ Addition 300057342043 07/12/0501026035 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ %elete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	CITY-SI, ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C:/ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 607, 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: Thomas	RINTED NAME OF SIGNING OFFICER OF	PR DIRECTOR	6-22-05 Date Daytime Prone #	

## 6-22-05

To Whom it may concern:
/
Hi, my
name is Thomas Wright. I'm writting
this letter, asking you to please
waive the late fee. I received
the 1eHer C, 1cHer # 705A00035183\$ 9
week after the date on the letter. Plys,
I went to the Florida Department of
Revenue Service Center in Coral
Springs yesturdy morning, and they would
not take it. That's why I call 1-850-
245-6059 1eH:25 pay Know +45+ I Las
soin to mail it as soon as possible.
7559K you.
Thomas Wright
Ref. # P00000049625