

2006 FOR PROFIT CORPORATION ANNUAL REPORT

06-14-2006 90004023 ***150.00

FILED
P00000049625
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUN 20 AM 7:55

DOCUMENT # P00000049625

1. Entity Name
GOD IS LOVE INCORPORATED



Principal Place of Business
2316 N.W. 14 COURT
FORT LAUDERDALE, FL 33311

Mailing Address
2316 N.W. 14 COURT
FORT LAUDERDALE, FL 33311



05172006 Chg-P CR2E034 (11/05)

2. Principal Place of Business
1980 N.W. 46 AVE
Suite, Apt. #, etc.
443

3. Mailing Address
1980 N.W. 46 AVE
Suite, Apt. #, etc.
443

City & State
Lauderhill, FL
Zip
33313
Country
Broward

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Lauderhill, FL
Zip
33313
Country
Broward

4. FEI Number
65-0988284
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CARTER, DENNIS J SR.
7805 NW 40TH ST.
CORAL SPRINGS, FL 33065

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 Carter, Dennis J SR. DATE 6-11-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006

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	OP WRIGHT, THOMAS 2316 N.W. 14CT. FORT LAUDERDALE, FL 33311	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 Wright DATE 6-11-06 DAYTIME PHONE # 954 739-8141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR