2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000049625

1. Entity Name
GOD IS LOVE INCORPORATED



UO-14-2006 90004 023 ***150.00 FILE P00000049625 SECRETARY OF STATE DIVISION OF CORPUMATIONS

06 JUN 20 AM 7:55

2316 N.W. 14 COURT FORT LAUDERDALE, FL 33311 2. Principal Pract of Sumers FORT LAUDERDALE, FL 33311 2. Principal Pract of Sumers FORT LAUDERDALE, FL 33311 2. Principal Pract of Sumers FORT LAUDERDALE, FL 33311 3. Majorg Address Graph Gr	Principal Place	of Business	5		Mailing Address				•				
Sure And I A, not. Sure And Address of Now Registered Agent. And I A, now and Address of Now Registered Agent. CARTER DENNIS J SR. Sure And Address (P.O. Box Number is Not Acceptable) Sure And Address (P.O. Box Number is Not Acceptable) Sure And I A, now and Address of Now Registered Agent. CARTER DENNIS J SR. Sure Address (P.O. Box Number is Not Acceptable) Sure And I A, now and Address of Now Registered Agent. CORAL SPRINGS, FL 33065 City FL Zip Code S. The above named entity submits the sustainers for the purpose of charging its registered office or registered agent, or both, in the State of Fords. Lam familiar with, and accept the obligations of registered agent. Signature Address (P.O. Box Number is Not Acceptable) Signature Sure Address (P.O. Box Number is Not Acceptable) Signature Sure Address (P.O. Box Number is Not Acceptable) Signature Address (P.O. Box Number is Not Acceptable) Signature And Address of Fords. Signature And Address of Not Number is Not Acceptable) Signature And Address of Not Number is Not Acceptable) Signature And Address of Not Number is Not Acceptable Agent. On 1-17-06 Signature Sure Address (P.O. Box Number is Not Acceptable) Signature And Address of Not Number is Not Acceptable Agent. Signature Address (P.O. Box Number is Not Acceptable) Signature Addres			33311					·					
Sure And I A, not. Sure And Address of Now Registered Agent. And I A, now and Address of Now Registered Agent. CARTER DENNIS J SR. Sure And Address (P.O. Box Number is Not Acceptable) Sure And Address (P.O. Box Number is Not Acceptable) Sure And I A, now and Address of Now Registered Agent. CARTER DENNIS J SR. Sure Address (P.O. Box Number is Not Acceptable) Sure And I A, now and Address of Now Registered Agent. CORAL SPRINGS, FL 33065 City FL Zip Code S. The above named entity submits the sustainers for the purpose of charging its registered office or registered agent, or both, in the State of Fords. Lam familiar with, and accept the obligations of registered agent. Signature Address (P.O. Box Number is Not Acceptable) Signature Sure Address (P.O. Box Number is Not Acceptable) Signature Sure Address (P.O. Box Number is Not Acceptable) Signature Address (P.O. Box Number is Not Acceptable) Signature And Address of Fords. Signature And Address of Not Number is Not Acceptable) Signature And Address of Not Number is Not Acceptable) Signature And Address of Not Number is Not Acceptable Agent. On 1-17-06 Signature Sure Address (P.O. Box Number is Not Acceptable) Signature And Address of Not Number is Not Acceptable Agent. Signature Address (P.O. Box Number is Not Acceptable) Signature Addres	ļ										F BITTO HELD CH	(11	
CONTROLLED STATE OF CREEKS (F.O. Box Number is Not Acceptable) 8. The above numed entity submits the statement for the purpose of changing its registered office or registered agent. 8. The above numed entity submits the statement for the purpose of changing its registered office or registered agent. 8. The above numed entity submits the statement for the purpose of changing its registered office or registered agent. 8. The above numed entity submits the statement for the purpose of changing its registered office or registered agent. 9. CPV FL ZO COde 8. The above numed entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Force. I am familiar with, and accept the obtigations of registered agent. 9. CPV FL ZO COde 8. The above numed entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Force. I am familiar with, and accept the obtigations of registered agent. 9. CPV FL ZO COde 8. The above numed entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Force. I am familiar with, and accept the obtigations of registered agent. 9. CPV FL ZO COde 8. The above numed entity submits the statement for the purpose of changing its registered office or registered agent. 9. CPV FL ZO COde 9. CPV FL ZO COde 10. CPV FL ZO COde 11. Addition of Floridates of Force and accept the obtained agent or both in the State of Force and accept the obtained agent or both in the State of Force and accept the obtained agent or both in the State of Force and accept the purpose of the State of Force and accept the obtained agent or both in the State of Force and accept the purpose of CPV Floridates agent or both in the State of Force and accept the Policy of Floridates agent or both in the State of Force and accept the Policy of Floridates agent or both of Floridates and accept the purpose of Both of Floridates and busin							to AVE						
Gundry 2333 3 Country 2333 3 Country 3333 3 Country 3 Country 3 Country 3333 3 Country	44	3			Suite, Apt. *, etc.					CR2E03			
Security							=	1			No	t Applicable	
CARTER, DENNIS J SR. 7805 NW 40TH ST. CORAL SPRINGS, FL 33065 City FL Zip Code			Broward		33313					L F	ee Required		
CARTER, DENNIS J SR. 7805 NW 40TH ST. CORAL SPRINGS, FL 33065 City FL Zo Code		6. Name	and Address of Cu	rrent R	7. Name and	Address of New	Registered A	gent					
8. The above named entry 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. Carter Dennis S.	7805 NW 40TH ST.							1					
THE CHIEF Squares, typed or demand angitures again and test scopicable. Carter Dennis SR. Borders in received and angitures again and test scopicable. (IOTE: Progressed Agent segretare received internetation) Date							City FL Zip Code						
SIGNATURE Square, Typed or provide name of implications again and table 4 spot caches. (INTE) Registered Agent bigrature of the reviewability. FILE NOWIHI FEE 13: \$550.00	A 10 th the state of the state												
Due by September 6, 2006 Trust Fund Contribution. Added to Fees The OP OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE WAKE WRIGHT, THOMAS SIRET ADDRESS SITERT ADDRESS ADDRES	SIGNATURE Carter, Dennis J SR. 5, 6-11-06												
Due by September 6, 2006 Trust Fund Contribution. Added to Fees The OP OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE WAKE WRIGHT, THOMAS SIRET ADDRESS SITERT ADDRESS ADDRES													
TITLE WRIGHT, THOMAS SIRET ADDRESS CITY-ST-2P TITLE SIRET ADDRESS CITY-ST-2P TITLE MAKE SIRET ADDRESS								ided to Fees	,				
WRIGHT, THOMAS STRET ADDRESS CITY-ST-2P TITLE NAME STRET ADDRESS CITY-ST-2P TITLE N			OFFICERS	AND D			·	ADDITIONS	CHANGES TO O	FFICERS AND	_		
STREET ADDRESS CITY-S1-2P TITLE NAME STREET ADDR			THOMAS		☐ Delete						∐ Change	☐ Addition	
TITLE Delete IIILE Delete IIILE Delete Delete			•				- 1						
NAME SIRET ADDRESS CITY-S1-ZIP Delete	CITY-ST-ZIP	FORT LA	UDERDALE, FL 3	33311		ÇIF	r-\$1-ZIP			· · · · · · · · · · · · · · · · · · ·			
STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE					☐ Delete		1				☐ Change	☐ Addition	
CITY-ST-ZP TITLE Delete ITTLE NAME NAME STREET ADDRESS CITY-ST-ZP CITY-ST-ZP TITLE Delete NAME STREET ADDRESS CITY-ST-ZP CITY-ST-ZP TITLE Delete TITLE NAME NAME STREET ADDRESS CITY-ST-ZP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZP CITY-ST-ZP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZP CITY-ST-ZP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE Delete TITLE NAME Delete Delete Delete NAME Delete Delete Delete Delete Delete TITLE Delete Dele							I .					1	
TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S							l l						
NAME STREET ADDRESS CITY-S1-ZIP TITLE Delete TITLE TI					☐ Delete	Tiff	£				☐ Change	Addition	
CITY-SI-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-SI-ZIP							Æ				•		
TITLE Delete TITLE Change Addition	1 1						I						
NAME STREET ADDRESS CITY-S1-ZIP TITLE TI											[7] Channa	☐ Addition	
STREET ADDRESS CITY-ST-ZIP TITLE Delete					1_1 Delete		-		1, 7		☐ CHRING	C) Abdition	
TITLE INAME STREET ADDRESS CITY-ST-ZIP ITILE INAME STREET ADDRESS CITY-ST-ZIP INAME									3.40				
NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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: **Thorus** **NAME** **STREET ADDRESS* CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 the 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. I further certify that the information indicated on this report or supplemental report is frue.	CITY-ST-ZIP												
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 Madd					Deleta						Change	☐ Addition	
TITLE MAME STREET ADDRESS		ł											
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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: **Thoras** **Definition** **Defi	CITY-ST-ZIP					CIT	Y-ST-ZIP						
STREET ADDRESS (DITY-ST-ZIP) 12. I hereby certify that the information supplied with this filling 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: Who was a street address of the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the 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. 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 the corporation or the receiver or trustee empowered to the execute this report is true.	TITLE				Oelete		1				☐ Change	☐ 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: Who was a supplemental report in the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the composition of the receiver or trustee empowered. SIGNATURE: Who was a supplemental report in the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if the chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if the chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if the chapter 607, Florida Statutes, I further certify that the information indicated on this 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 in Chapter 607, Florida Statutes. I further certify that the information indicated on the corporation or the receiver or trustee empowered in Chapter 607, Florida Statutes. I further certify that the information indicated on the corporation or the receiver or trustee empowered in the corporation or the receiver or trustee empowered in the corporation or the receiver or trus		Į					-					ļ	
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:	l											1	
	12. I hereby indicated of the col	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.											
	SIGNAT	MIDE.	Thor	יממי	, I Said	U			5-11-0	69.	54 73	15-874	
	SIGNAI	UKE:	BIGNATURE AND TY	PED OR P	RINTED NAME OF BIGHING O	FICER OR DIRE	CTOR		Date	0	eytime Phone #		