


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P02000078510</b> 1. Entity Name <b>GOD'S SUCCESSFUL BUSINESS, INC.</b>						05 MAY -2 PM 2:49 FLORIDA SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>410 VICTORY GARDEN DR #175 TALLAHASSEE, FL 32301</b>				Mailing Address <b>410 VICTORY GARDEN DR #175 TALLAHASSEE, FL 32301</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
<b>6. Name and Address of Current Registered Agent</b>  <b>WILLIAMS, CYNTHIA B 410 VICTORY GARDEN DR #175 TALLAHASSEE, FL 32301</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City			
4. FEI Number <b>71-0895142</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
50222005 Chg-P CR2E034 (10/03) <b>05</b>							
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 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>			
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.							
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>DPT WILLIAMS, CYNTHIA B 410 VICTORY GARDEN DR #175 TALLAHASSEE, FL 32301</b>				TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: center;"> <b>300054669223</b>  <b>05/17/05--01034--003 **158.75</b> </div>			
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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: <u>Cynthia B Williams</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				5-2-05 850-4105182 <small>Date Daytime Phone #</small>			