
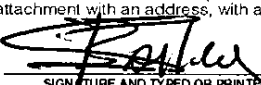


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000021994 1. Entity Name FAITH SERVICES, INC.						<div style="font-size: 2em; font-weight: bold; transform: rotate(-10deg);">FILED</div> <div style="font-size: 1.2em; transform: rotate(-10deg);">04 MAY 14 AM 10:36</div> <div style="font-size: 0.8em; transform: rotate(-10deg);">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>					
Principal Place of Business 6801 SW 84TH AVE MIAMI, FL 33142				Mailing Address 6801 SW 84TH AVE MIAMI, FL 33143							
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.							
City & State				City & State							
Zip		Country		Zip		Country					
6. Name and Address of Current Registered Agent KERR, BRYAN S 9924 SW 156 CT MIAMI, FL 33196				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code							
4. FEI Number 56-2317112								Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required								05022004 Chg-P CR2E034 (10/03)			
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 (NOTE: Registered Agent signature required when reinstating)</small>			
Amended AR is \$61.25								9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP DPT BAILEY, SHIRLEY 6801 SW 84TH AVE MIAMI, FL 33142						TITLE NAME STREET ADDRESS CITY-ST-ZIP Vice President Sharee Bailey 6801 SW 84th Ave. Miami, FL 33142					
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete						TITLE NAME STREET ADDRESS CITY-ST-ZIP 600037345006 05/26/04--01055--008 **\$1.25					
TITLE NAME STREET ADDRESS CITY-ST-ZIP 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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP 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:  5/3/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>											