2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000097978

Name:

Address:

City-St-Zip:

FILED May 23, 2005 Secretary of State

Entity Nai	me: FAITH W	ORKS VENTURE, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
34952 SE MERRITT TER PORT ST LUCIE, FL 34952				1441 TAMIAMI TRAIL UNIT 599 PORT CHARLOTTE, FL 33948			
Current Mailing Address:				New Mailing Address:			
34952 SE MERRITT TER PORT ST LUCIE, FL 34952				1441 TAMIAMI TRAIL UNIT 599 PORT CHARLOTTE, FL 33948			
FEI Number:	: 20-0194601	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable ()	Certificate of Status	Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
128 W OA ARCADIA, The above	FL 34266	,CFP US submits this statement for the p	purpose o	f changing i	ts registered (office or registered a	agent, or both,
SIGNATU							
	Electror	ic Signature of Registered Ag	ent			Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	ot receive t	he prior notic	e.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	D () MCELROY, DO 34952 SE MER PORT ST LUCI	RITT TER		Title: Name: Address: City-St-Zip:	D (X MCELROY, DO 26343 COPIAF PUNTA GORD	PO CIRCLE	
Title: Name: Address: City-St-Zip:	D () MCELROY, SU 34952 SE MER PORT ST LUCI	RITT TER		Title: Name: Address: City-St-Zip:	D (X MCELROY, SU 26343 COPIAF PUNTA GORD	PO CIRCLE	
Title: Name: Address: City-St-Zip:	D () THOMPSON, J 34952 SE MER PORT ST LUCI	RITT TER		Title: Name: Address: City-St-Zip:	D (X MCELROY, EF 26343 COPIAF PUNTA GORD	PO CIRCLE	
Title:	()	Delete		Title:	D () Change (X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

MCELROY, BRITTANY

26343 COPIAPO CIRCLE

PUNTA GORDA, FL 339873

SIGNATURE: DONALD MCELROY D 05/23/2005