


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000093965 1. Entity Name FAITH & TRUST INVESTMENT GROUP (USA), INC.	
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Principal Place of Business 4604 NORFOLK ISLAND PINE DR TAMARAC, FL 33319	Mailing Address 4604 NORFOLK ISLAND PINE DR TAMARAC, FL 33319
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DO NOT WRITE IN THIS SPACE



03162008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1266604	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WRIGHT, VALRIE
4604 NORFOLK ISLAND PINE DR
TAMARAC, FL 33319**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMPSON, JEAN M 3812 N W 63RD COURT COCONUT CREEK, FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BAKER, DELORES 4380 N W 16TH STREET LAUDERHILL, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAILEY, WINSOME I 4241 N W 51ST AVE LAUDERDALE LAKES, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/10/08-80115-007 150.00

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IN THIS SPACE**

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: *DeLores P. Baker* *DeLores P. Baker* *3/27/08* *954-731-4415*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #