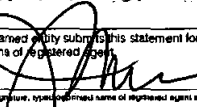
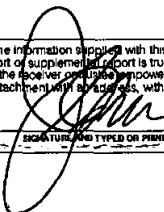


2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

80108619

DOCUMENT # P98000016400					
1. Entity Name LOVE/FAITH & DESTINY INVESTMENT CORPORATION					
Principal Place of Business 18331 PINES BLVD SUITE 182 PEMBROKE PINES, FL 33029			Mailing Address 18331 PINES BLVD SUITE 182 PEMBROKE PINES, FL 33029		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEE Number 65-0813801			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			5.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ROBERTSON, E J 18331 PINE BLVD., STE. 182 PEMBROKE PINE, FL 33029			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
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  DATE 4/29/03					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	P ROBERTSON, E J 18331 PINE BLVD., STE. 182 PEMBROKE PINE, FL 33029	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President B. Johnson-King 18331 Pines Blvd, Suite 182 - Pembroke Pines, FL 33029	☐ 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
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 of 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 and I am 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 addresses, with all other like empowered.					
SIGNATURE:  DATE 4/29/03					

CP22564 (10/02)

- FL-33029