

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Apr 13, 2007 08:00 AM**  
**Secretary of State**

|                                                  |                                                                                   |
|--------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 741757</b>                         |  |
| 1. Entity Name<br><b>HIS WORDS LIBRARY, INC.</b> |                                                                                   |

|                                                                                          |                                                                              |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| Principal Place of Business<br><b>21093 GREEN SPRING RD<br/>ABINGDON VA 24211<br/>US</b> | Mailing Address<br><b>21093 GREEN SPRING RD<br/>ABINGDON VA 24211<br/>US</b> |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|



|                                                                           |                                               |
|---------------------------------------------------------------------------|-----------------------------------------------|
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc. | 3. Mailing Address<br><br>Suite, Apt. #, etc. |
|---------------------------------------------------------------------------|-----------------------------------------------|

1st MOORE CR2E037 (10/06)

|              |              |                                    |                                                        |
|--------------|--------------|------------------------------------|--------------------------------------------------------|
| City & State | City & State | 4. FEI Number<br><b>59-1794073</b> | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip          | Country      | Zip                                | Country                                                |

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|-----------------------------------------------------------|---------------------------------------|

|                                                                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br><b>WITTMAN, WILLIAM M.<br/>4790 TAMiami TRAIL<br/>CORAL GABLES FL 33134</b> |
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|                                                                                                                                         |
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| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |
|-----------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                               |
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| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                  |
| DATE _____                                                                                                                                                                                                                    |

|                                                        |
|--------------------------------------------------------|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2007</b> |
|--------------------------------------------------------|

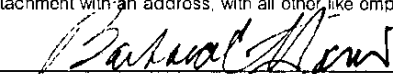
|                                                                                     |                                    |
|-------------------------------------------------------------------------------------|------------------------------------|
| 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees |
|-------------------------------------------------------------------------------------|------------------------------------|

|                                                              |
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| <b>Make Check Payable to<br/>Florida Department of State</b> |
|--------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                                                                |                                 |
|-------------------------------------------------------------------------------------------|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                        | <input type="checkbox"/> Delete |
| <b>D<br/>BROWN, STEPHEN W. REV.<br/>901 KENSINGTON GARDENT CT<br/>OVIEDO FL 32765</b>     |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                        | <input type="checkbox"/> Delete |
| <b>PD<br/>HARRIS, BARBARA C.<br/>21093 GREEN SPRING RD<br/>ABINGDON VA 24211</b>          |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                        | <input type="checkbox"/> Delete |
| <b>D<br/>YOUmans, WILLIAM J. REV.<br/>2831 N SHARON AMITY ROAD<br/>CHARLOTTE NC 28205</b> |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                        | <input type="checkbox"/> Delete |
| <b>ST<br/>FUGATE, CATHY H<br/>21097 GREEN SPRING ROAD<br/>BRADENTON FL 34211</b>          |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                        | <input type="checkbox"/> Delete |
| <b>VP<br/>THOMPSON, NANCY<br/>21093 GREEN SPRING RD<br/>ABINGDON VA 24211</b>             |                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                        | <input type="checkbox"/> Delete |
|                                                                                           |                                 |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                   |
|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>U00000707073<br/>04/24/07-80060-012 61.25</b>      |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                                                       |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                                                       |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                                                       |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|                                                       |                                                                   |

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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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. |
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|------------------------------------------------------------------------------------------------|---------------------|
| SIGNATURE:  | 4/10/07 276 6230615 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                             |                     |