- 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2006 08:00 AN Secretary of State **DOCUMENT # N01000007895** HEART OF GOD MINISTRIES INTERNATIONAL, INC. Principal Place of Business Mailing Address 3341 SCHIFKO ROAD P.O. BOX 915 CANTONMENT, FL 32533 CANTONMENT, FL 32533 04102006 No Chg-NP CR2E037 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 03-0398127 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GANN, RONALD E DO NOT WRITE 3341 SCHIFKO RD CANTONMENT, FL 32533 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Ba Trust Fund Contribution. Due by May 1, 2006 Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME GANN, RONALD U00000508729 STREET ADDRESS 3341 SCHIFKO RD 04/28/06-80011-025 61.25 CITY-ST-ZIP CANTONMENT, FL ME D NAME GANN, PHYLLIS STREET ADDRESS 3341 SCHIFKO RD CITY-ST-ZP CANTONMENT, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TIBE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachmost with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DRECTOR

04-10-06

850-456-7604

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