2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000005054

FILED Apr 29, 2009 Secretary of State

Entity Name: HIS HEART INTERNATIONAL MINISTRIES, INC.

Current Principal Place of Business: New Principal Place of Business:

15351 BONEFISH TR 1190 SOUTH DRIVE CIRCLE

BONITA SPRINGS, FL 34135 UNIT D

DELRAY BEACH, FL 33445 US

Current Mailing Address: New Mailing Address:

15351 BONEFISH TR 1190 SOUTH DRIVE CIRCLE

BONITA SPRINGS, FL 34135 UNIT D

DELRAY BEACH, FL 33445 US

FEI Number: 65-1038173 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PERALTA, JOSUE B PERALTA, JOSUE B

15351 BONEFISH TR 1190 SOUTH DRIVE CIRCLE

BONITA SPRINGS, FL 34135 US UNIT D
DELRAY BEACH, FL 33445 US

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.

SIGNATURE: 04/29/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: PERALTA, JOSUE B Name: PERALTA, JOSUE B

Address: 15351 BONEFISH TR Address: 1190 SOUTH DRIVE CIRCLE UNIT D

City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: DELRAY BEACH, FL 33445

Title: VP () Delete Title: () Change () Addition

 Name:
 BULNES, TINA
 Name:

 Address:
 5131 MARLIN CT
 Address:

 City-St-Zip:
 WALDORF, MD 20603
 City-St-Zip:

Title: STD () Delete Title: STD (X) Change () Addition

Name: PERALTA, JUDITH Name: PERALTA, JUDITH

Address: 15351 BONEFISH TRL Address: 1190 SOUTH DRIVE CIRCLE City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: DELRAY BEACH, FL 33445 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSUE B. PERALTA PD 04/29/2009