

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006025

FILED
Apr 30, 2006
Secretary of State

Entity Name: HAND OF GOD MINISTRIES, INC.

Current Principal Place of Business:

10370 SW 220 ST,
SUITE 131
MIAMI, FL 33190

New Principal Place of Business:

Current Mailing Address:

10370 SW 220 ST,
SUITE 131
MIAMI, FL 33190

New Mailing Address:

FEI Number: 01-0590534

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIGNON, CLAIRE-MARIE
10370 SW 220 ST, SUITE 131
MIAMI, FL 33190 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MIGNON, CLAIRE-MARIE
Address: 10370 SW 220 ST, SUITE 131
City-St-Zip: MIAMI, FL 33190

Title: VD () Delete
Name: JULIEANNE, PINDER PASTOR
Address: 13816 NW 7 AVE
City-St-Zip: MIAMI, FL 3 3168

Title: SD () Delete
Name: PIERRE, PAOLA
Address: 8661 NW 4 TE #907
City-St-Zip: MIAMI, FL 33126

Title: TD () Delete
Name: JEAN, FREDERIQUE
Address: 4610 SW 157 TE
City-St-Zip: MIRAMAR, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CLAIRE-MARIE MIGNON

PD

04/30/2006

Electronic Signature of Signing Officer or Director

Date