
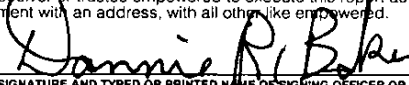


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 18, 2007 8:00 am**  
**Secretary of State**

05-18-2007 90026 006 \*\*\*\*61.25

<b>DOCUMENT # N00000008503</b>					
<b>1. Entity Name</b> PERFECT HEARTS MINISTRY, INC.					
<b>Principal Place of Business</b> 340 OLD HWY 98 NO. 25 DESTIN, FL 32579-			<b>Mailing Address</b> 340 OLD HWY 98 NO. 25 DESTIN, FL 32579-		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip <b>32550</b>	Country	Zip <b>32550</b>	Country	03052007    Chg-NP    CR2E037 (12/06)	
<b>4. FEI Number</b> 59-3702098			<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
FLEET, H BART FLEET, SPENCER, MARTIN & KILPATRICK, PA 1104 EGLIN PARKWAY SHALIMAR, FL 32579-0000			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL    Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to - Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	NAME		Delete <input type="checkbox"/>		
STREET ADDRESS	D MYERS, TRINA				
CITY-ST-ZIP	348 JUNIPER DR FREEPORT, FL 34239				
TITLE	NAME		Delete <input type="checkbox"/>		
STREET ADDRESS	D MYERS, JASON				
CITY-ST-ZIP	348 JUNIPER DR FREEPORT, FL 34239				
TITLE	NAME		Delete <input type="checkbox"/>		
STREET ADDRESS	D BAKER, DANNIE R				
CITY-ST-ZIP	340 OLD HWY 98 #25 DESTIN, FL 32541				
TITLE	NAME		Delete <input type="checkbox"/>		
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	NAME		Delete <input type="checkbox"/>		
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	NAME		Delete <input type="checkbox"/>		
STREET ADDRESS					
CITY-ST-ZIP					
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE	NAME		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	NAME		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	NAME		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	NAME		Change <input type="checkbox"/> Addition <input type="checkbox"/>		
STREET ADDRESS					
CITY-ST-ZIP					
<b>12. I hereby 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 attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b>				1-23-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	