## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000000277

FILED Mar 12, 2007 Secretary of State

Entity Name: HIS EXTENDED HANDS MINISTRIES, INC.

Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
1780 NW 8 MIAMI, FL					
Current Mailing Address:			New Mailing Addr	New Mailing Address:	
780 NW 8 MAMI, FL					
El Number	65-1068621	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
lame and	Address of Cu	urrent Registered Agent:	Name and Addres	s of New Registered Agent:	
343 ALME	& UTRERA, P.A RIA AVENUE ABLES, FL 331:				
	named entity su e of Florida.	ubmits this statement for the	purpose of changing its registe	ered office or registered agent, or both,	
SIGNATU	RE:				
	Electronic	c Signature of Registered Ag	jent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Nddress: Dity-St-Zip:	PD ()[ RIVERS, DESMO 1780 NW 88TH S MIAMI, FL 3314	ST	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
itle:	VD ()[ RIVERS, EDNA 1780 NW 88TH S	Delete ST	Title: Name: Address:	( ) Change ( ) Addition	
lame: \ddress: City-St-Zip:	MIAMI, FL 3314	7	City-St-Zip:		
\ddress:	MIAMI, FL 3314	Delete ARL ST	City-St-Zip: Title: Name: Address: City-St-Zip:	() Change () Addition	
oddress: Dity-St-Zip: Title: Jame: oddress:	MIAMI, FL 3314 VD () [ BROADNAX, PEA 1780 NW 88TH S MIAMI, FL 3314	Delete ARL ST 7 Delete	Title: Name: Address:	( ) Change ( ) Addition ( ) Change ( ) Addition	
Address: City-St-Zip: Citle: Lame: Address: City-St-Zip: Citle: Lame: Address:	VD () [ BROADNAX, PE/ 1780 NW 88TH S MIAMI, FL 3314'  S () [ KING, SARA 1780 NW 88TH S MIAMI, FL 3314'	Delete ARL 5T 7 Delete 6T 7 Delete EY REET	Title: Name: Address: City-St-Zip: Title: Name: Address:		

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: EDNA RIVERS VD 03/12/2007