2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2007
Secretary of State

DOCUMENT# N01000005648

Entity Name: WORDS FROM HEAVEN MINISTRIES AND EDUCATION CENTER, INC.

Current Principal Place of Business:

310 BLOUNT ST
SUITE 116
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

2041 ASCOT WAY
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 59-3936669 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RESPRESS, WILLIAM DR.
2041 ASCOT WAY
TALLAHASSEE, FL 32312 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: D ( ) Delete
Name: RESPRESS, WILLIAM
Address: 2041 ASCOT WAY
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete
Name: WILLIAMS, ONETTA
Address: 157 COTHAM
City-St-Zip: HUNTINGDON, TN 38344

Title: D ( ) Delete
Name: RESPRESS, TRINETIA L
Address: 2041 ASCOT WAY
City-St-Zip: TALLAHASSEE, FL 32312

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: D ( ) Change (X) Addition
Name: BROWN, CARL
Address: 1510 SOUPE ST
City-St-Zip: TALLAHASSEE, FL 32310 US

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: WILLIAM RESPRESS D 04/14/2007

Electronic Signature of Signing Officer or Director — Date