

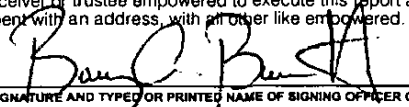


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90052 007 \*\*\*\*61.25

<b>DOCUMENT # N01000007028</b> 1. Entity Name <b>BURNING HEARTS MINISTRIES INTERNATIONAL, INC.</b>					
Principal Place of Business <b>404 DURRELL CIR. WINTER HAVEN, FL 33884</b>			Mailing Address <b>404 DURRELL CIR. WINTER HAVEN, FL 33884</b>		
2. Principal Place of Business - No P.O. Box # <b>404 DURRELL CIRCLE</b>		3. Mailing Address <b>P.O. Box 2362</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>WINTER HAVEN, FL</b>		City & State <b>WINTER HAVEN, FL</b>			
Zip <b>33884</b>	Country <b>USA</b>	Zip <b>33882</b>	Country		
4. FEI Number <b>59-3748699</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BENNETT, BARRY W 106 AVENUE F SW WINTER HAVEN, FL 33880</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
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.					
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 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SMITH, DAVID S</b> <b>3387 WOLF SHADOW</b> <b>MEMPHIS, TN 38133</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BENNETT, BARRY A</b> <b>404 DURRELL CIR.</b> <b>WINTER HAVEN, FL 33884</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BENNETT, BARRY W</b> <b>106 AVENUE F SW</b> <b>WINTER HAVEN, FL 33880</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HENDERSON, TERRY</b> <b>125 HOMEWOOD DRIVE</b> <b>WINTER HAVEN, FL 33880</b>	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NOCHOLSON, TONYA</b> <b>449 DURRELL CIRCLE</b> <b>WINTER HAVEN, FL 33884</b>	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>SIGNATURE:</b> 			<b>4/30/07</b>		<b>863-286-2310</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>