


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000001248	
1. Entity Name HIS WORD ONLY, INC.	

Principal Place of Business 10800 SOUTHEAST 108TH TERRACE ROAD CANDLER, FL 32111	Mailing Address POST OFFICE BOX 72 CANDLER, FL 32111
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01202006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3608070	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
CIRONE, MICHAEL 10800 SE 108 TERR. RD. CANDLER, FL 32111	

**DO NOT WRITE
IN THIS SPACE**

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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000401889 02/02/06-80064-004 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CIRONE, MICHAEL 10800 SOUTHEAST 108TH TERRACE ROAD CANDLER, FL 32111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STEWART, BARBARA 10800 SOUTHEAST 108TH TERRACE ROAD CANDLER, FL 32111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD CIRONE, JACQUELYN 10800 SOUTHEAST 108TH TERRACE ROAD CANDLER, FL 32111
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 its 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.

SIGNATURE: 	Michael Cirone	1/21/06	352 620 1275
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone</small>