2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007282

Entity Name: PILLOW TALK MINISTRIES, INC.

FILED Apr 07, 2006 Secretary of State

Ourself Daire tred Disease & Dustiness			New Principal Place of Business:	
Current Principal Place of Business:			New Principal Plac	ce of Business:
200 THIRE PERRY, F				
Current Mailing Address:			New Mailing Addr	ess:
200 THIRE PERRY, F				
FEI Number	: 47-0911005	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of (Current Registered Agent:	Name and Address	s of New Registered Agent:
WOODFA 200 THIRE PERRY, F				
	named entity of Florida.	submits this statement for the p	ourpose of changing its registe	ered office or registered agent, or both,
SIGNATU	RE:			
	Electro	nic Signature of Registered Age	ent	Date
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	GES TO OFFICERS AND DIRECTORS
Title:	PD () Delete	Title:	() Change () Addition
Name:	WOODFAULK, 200 THIRD ST	KATHY L	Name: Address:	
Address: City-St-Zip:	PERRY, FL 32	2348	City-St-Zip:	
Title:	D (\ Doloto	Title:	() Change () Addition
Name:	WOODFAULK.) Delete VERNA MAE	Name:	() Change () Addition
Address:	200 THIRD ST		Address:	
City-St-Zip:	PERRY, FL 32	2348	City-St-Zip:	
Title:	TD () Delete	Title:	() Change () Addition
Name:	LENNEAR, ME	*	Name:	() -1.12.1.32 () . 12.2.1.2.1
Address:	12835 SANCT	JARY COVE #2218	Address:	
City-St-Zip:	TEMPLE TERF	RACE, FL 34761	City-St-Zip:	
Title:	D () Delete	Title:	() Change () Addition
Name:	WALKER, DO	•	Name:	()
Address:	799 E BIRCHV		Address:	
City-St-Zip:	KISSIMMEE, F	L 34743	City-St-Zip:	
Title:	D () Delete	Title:	() Change () Addition
Name:	EVERSON, JO		Name:	
Address:	4100 E DIJON		Address:	
City-St-Zip:	ORLANDO, FL	32808	City-St-Zip:	
Title:	SD () Delete	Title:	() Change () Addition
Name:	MITCHELL, ÈF	•	Name:	
Address:	129 S BEVERI		Address:	
City-St-Zip:	PERRY, FL 32	2348	City-St-Zip:	

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: KATHY L WOODFAULK PD 04/07/2006