2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# N03000002113

Entity Name: GATE OF HEAVEN, INC.

Current Principal Place of Business:

604 TIMBER POND DRIVE
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

604 TIMBER POND DRIVE
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 77-0593752 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARKER, BRIGID
604 TIMBER POND DRIVE
PONTE VEDRA BEACH, FL 32082 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: BARKER, BRIGID
Address: 604 TIMBER POND DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D ( ) Delete
Name: ERICKSON, DICK
Address: 2541 SPREADING OAKS LANE
City-St-Zip: JACKSONVILLE, FL 32223

Title: D ( ) Delete
Name: BUTLER, RICHARD
Address: 11885 OLDE OAKS CT. S.
City-St-Zip: JACKSONVILLE, FL 32223

Title: D ( ) Delete
Name: CARLSON, CAROL
Address: 2409 PINE ISLAND CT.
City-St-Zip: JACKSONVILLE, FL 32224

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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TIMOTHY P RAINES D 04/30/2005

Electronic Signature of Signing Officer or Director — Date