## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000010477

Apr 17, 2008 Secretary of State

Entity Name: HEAVENLY COMMUNICATIONS, INC. **Current Principal Place of Business: New Principal Place of Business:** 302 LEXINGDALE DR ORLANDO, FL 32828 **Current Mailing Address: New Mailing Address:** P.O. BOX 780936 ORLANDO, FL 32878 FEI Number: 57-1194435 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DAVIDSON, ANGELA R 302 LEXINGDALE DR US ORLANDO, FL 32828 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PCEO** () Change () Addition () Delete DAVIDSON, ANGELA R Name: Name: 302 LEXINGDALE DR Address: Address: City-St-Zip: ORLANDO, FL 32828 City-St-Zip: Title: () Delete Title: () Change () Addition Name: DAVIDSON, JR., JAMES W Name: Address: 302 LEXINGDALE DR Address: City-St-Zip: ORLANDO, FL 32828 City-St-Zip: Title: () Delete Title: SD (X) Change ( ) Addition MOORE, AMANDA HUME, LARRY E JR Name: Name: 595 W. CHURCH ST. #812 302 LEXINGDALE DRIVE Address: Address: City-St-Zip: ORLANDO, FL 32805 City-St-Zip: ORLANDO, FL 32828 Title: TD ( ) Delete Title: TD (X) Change ( ) Addition Name: MOORE, AMELIA Name: GREENE, BRENDA 595 W. CHURCH STREET #735 13844 MIRROR LAKE DRIVE Address: Address: City-St-Zip: ORLANDO, FL 32805 City-St-Zip: ORLANDO, FL 32828 Title: Title: () Delete () Change () Addition DAVIDSON, ANGELA Name: Name:

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: ANGELA DAVIDSON **PCEO** 04/17/2008

302 LEXINGDALE DR.

ORLANDO, FL 32828

Address:

City-St-Zip: