2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005107

Entity Name: HEART 2 HEART MINISTRIES, INC.

FILED Apr 26, 2006 Secretary of State

Current Principal Place of Business: 6923 KITTY HAWK DRIVE PENSACOLA, FL 32506 Current Mailing Address: P.O. BOX 36341 PENSACOLA, FL 32516				New Principal Place of Business:			
				7993 OTIS WAY PENSACOLA, FL 32506 New Mailing Address:			
							7993 OTIS WAY PENSACOLA, FL 32506
				FEI Number:	20-1206020	FEI Number Applied For	() FEI Nur
Name and	Address of (Current Registered Age	ent:	Name and	Address	of New Registered Agent:	
MCWILLIAMS, SHELLY REV. P.O. BOX 36341 PENSACOLA, FL 32516 US				MCWILLIAMS, SHELLY R REV. 7993 OTIS WAY PENSACOLA, FL 32506 US			
	named entity of Florida.	submits this statement fo	or the purpose o	of changing i	ts registere	ed office or registered agent, or both,	
SIGNATURE: REV. SHELLY R. MCWILLIAMS				04/26/2006			
	Electro	nic Signature of Register	ed Agent			Date	
OFFICERS	S AND DIREC	TORS:		ADDITION	S/CHANG	ES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	SUDDUTH, JAN 339 SHANNON			Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	SUDDUTH, WII 339 SHANNON			Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D (HARRINGTON, 208 DARRAH PENSACOLA,	CIRCLE		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	O/D (MARTIN, CYNT 7993 OTIS WA PENSACOLA,	Y		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D (LANDGREBE, 23 LAKEVIEW YORKTOWN, N	DRIVE		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title:	O/D () Delete		Title [.]	O/D	(X) Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: REV. SHELLY R. MCWILLIAMS O/D 04/26/2006

MCWILLIAMS, SHELLY REV

PENSACOLA, FL 32516

P.O. BOX 36341

Name:

Address:

City-St-Zip:

MCWILLIAMS, SHELLY R REV

PENSACOLA, FL 32506

7993 OTIS