2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005107

Entity Name: HEART 2 HEART MINISTRIES, INC.

FILED Apr 25, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
7993 OTIS WAY PENSACOLA, FL 32506							
Current Mailing Address:				New Mailing Address:			
7993 OTIS WAY PENSACOLA, FL 32506				50 SOMERSET AVENUE HAMILTON, ON L8L 2L5 CA			
FEI Number: 20-1206020 FEI Number Applied For () FEI Number			FEI Num	nber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
MCWILLIAMS, SHELLY R REV. 7993 OTIS WAY				MCWILLIAMS, SHELLY R REV. 7793 OTIS WAY			
PENSACOLA, FL 32506 US				PENSACOLA, FL 32506 US			
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:				04/25/2007			
Electronic Signature of Registered Agent				Date			
OFFICERS AND DIRECTORS:				${\bf ADDITIONS/CHANGES\ TO\ OFFICERS\ AND\ DIRECTORS:}$			
Title: Name: Address: City-St-Zip:	SUDDUTH, JANE 339 SHANNON CO			Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	SUDDUTH, WILLI 339 SHANNON CO			Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	D () D HARRINGTON, JO 208 DARRAH CII PENSACOLA, FL	RCLE		Title: Name: Address: City-St-Zip:	D (X) MOYER, MAVIS 71 EMERALD S HAMILTON, ON	TREET NORTH	
Title: Name: Address: City-St-Zip:	O/D () D MARTIN, CYNTHI 7993 OTIS WAY PENSACOLA, FL			Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	D () C LANDGREBE, DC 23 LAKEVIEW DF YORKTOWN, NY	RIVE		Title: Name: Address: City-St-Zip:	D (X) GAUDREAU, MA 162 BRAEMAR A CALEDONIA, ON	AVENUE	
Title: Name: Address: City-St-Zip:	O/D () D MCWILLIAMS, SH 7993 OTIS PENSACOLA, FL			Title: Name: Address: City-St-Zip:	O/D (X) MCWILLIAMS, \$ 7993 OTIS WAY PENSACOLA, F	<i>f</i>	

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.

SIGNATURE: REV. SHELLY R. MCWILLIAMS O/D 04/25/2007