2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2006
Secretary of State

DOCUMENT# N04000008404

Entity Name: PASTORAL CARE PRAYER HEALING, INC.

Current Principal Place of Business:

4 WARWICK COURT
KITCHENER ONTARIO CANADA, ON N2E 2P1

New Principal Place of Business:

222 FREDERICK STREET
KITCHENER ONTARIO CANADA, ON N2H 2M8

Current Mailing Address:

4 WARWICK COURT
KITCHENER ONTARIO CANADA, 0N N2E 2P1 XX

New Mailing Address:

222 FREDERICK STREET
KITCHENER ONTARIO CANADA, 0N N2H 2M8

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GIRARDIN, ERIC
201-178 STREET APT 317
N MIAMI BEACH, FL 33160 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: ZIELSTRA, ARTHUR
Address: 4 WARWICK COURT
City-St-Zip: KITCHENER ONTARIO CANADA, N2E 2P1

Title: D ( ) Delete
Name: FEIKEMA, JOAN
Address: 6719 JUNEVIEW NW
City-St-Zip: ROCKFORD, MI 49341

Title: D ( ) Delete
Name: GIRARDIN, ERIC
Address: 4000 NE 168TH STREET UNIT 104
City-St-Zip: N MIAMI BEACH, FL 33160

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:

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: DON HUTCHINSON ADM 08/02/2006
Electronic Signature of Signing Officer or Director — Date