2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008404

Entity Name: PASTORAL CARE PRAYER HEALING, INC.

FILED Jul 06, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

222 FREDERICK STREET

KITCHENER ONTARIO CANADA, ON N2H 2M8

Current Mailing Address: 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 (X)

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: Name and Address of New Registered Agent:

GIRARDIN, ERIC STUART, DEBBIE 201-178 STREET APT 317 STREET APT 317 6446. 33RD LANE

N MIAMI BEACH, FL 33160 US VERÓ BEACH, FL 32966 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: DEBBIE STUART 07/06/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: D ()Delete Title: D (X)Change ()Addition

Name:ZIELSTRA, ARTHURName:VAN DIJK, CONRADAddress:4 WARWICK COURTAddress:536 GOLF LINKS RD.

City-St-Zip: KITCHENER ONTARIO CANADA, N2E 2P1 City-St-Zip: ANCASTER,, ON L9G2N8

Title: D () Delete Title: D (X) Change () Addition Name: FEIKEMA, JOAN Name: MALLARD, BONNIE

 Address:
 6719 JUNEVIEW NW
 Address:
 RR # 2

 City-St-Zip:
 ROCKFORD, MI 49341
 City-St-Zip:
 ARISS, ON NOB1B0

Title: D () Delete Title: D (X) Change () Addition Name: GIRARDIN, ERIC Name: CARERE, FRANK

Address: 4000 NE 168TH STREET UNIT 104 Address: 63 WOOD ST.

City-St-Zip: N MIAMI BEACH, FL 33160 City-St-Zip: DRAYTON, ON N0G1P0 CA

Title: () Delete Title: D () Change (X) Addition

 Name:
 Name:
 HANSON, MIRANDA

 Address:
 201 ERB. ST.. W, APT 42D

 City-St-Zip:
 City-St-Zip:
 KITCHENER, ON N2L1V6 CA

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: CONRAD VAN DIJK D 07/06/2007