2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2008
Secretary of State

DOCUMENT# N04000008404

Entity Name: PASTORAL CARE PRAYER HEALING, INC.

Current Principal Place of Business:

222 FREDERICK STREET
KITCHENER ONTARIO CANADA, ON N2H 2M8

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

222 FREDERICK STREET
KITCHENER ONTARIO CANADA, ON N2H 2M8

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

STUART, DEBBIE
6446, 33RD LANE
VERO BEACH, FL 32966 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: VAN DIJK, CONRAD
Address: 536 GOLF LINKS RD.
City-St-Zip: ANCASTER,, ON L9G2N8

Title: D ( ) Delete
Name: MALLARD, BONNIE
Address: RR # 2
City-St-Zip: ARISS, ON N0B1B

Title: D ( ) Delete
Name: CARERE, FRANK
Address: 63 WOOD ST.
City-St-Zip: DRAYTON, ON N0G1P CA

Title: D ( ) Delete
Name: HANSON, MIRANDA
Address: 201 ERB. ST.. W, APT 42D
City-St-Zip: KITCHENER, ON N2L1V6 CA

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:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 MR. 02/12/2008
Electronic Signature of Signing Officer or Director — Date