2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2006
Secretary of State

DOCUMENT# N04000010508

Entity Name: GARDEN MINISTRIES, INC.

Current Principal Place of Business:

975 SW BAY STATE RD.
PORT ST. LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 880566
PORT ST. LUCIE, FL 34988

New Mailing Address:

FEI Number: 20-1852026 **FEI Number Applied For ( )** **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:

BARRETO, SCOTT E REV
975 SW BAY STATE RD.
PORT ST. LUCIE, FL 34953 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: P ( ) Delete
Name: BARRETO, SCOTT E REV
Address: 975 SW BAY STATE RD
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: VP ( ) Delete
Name: BARRETO, MICHELLE M
Address: 975 SW BAY STATE RD
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: D ( ) Delete
Name: GREEN, CHARLES H REV
Address: 2105 ARCH CREEK DRIVE
City-St-Zip: NORTH MIAMI, FL 33181

Title: D ( ) Delete
Name: GREEN, SYLVIA REV
Address: 2105 ARCH CREEK DRIVE
City-St-Zip: NORTH MIAMI, FL 33181

Title: D ( ) Delete
Name: COCHRAN, WAYNE REV
Address: 3566 SW 180 WAY
City-St-Zip: PEMBROKE PINES, FL 33029

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:

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: SCOTT E BARRETO P 07/18/2006

Electronic Signature of Signing Officer or Director — Date