2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2006
Secretary of State

DOCUMENT# N04000011049

Entity Name: HEART TO HEART MINISTRIES, INC.

Current Principal Place of Business:

3952 FERNGLEN DRIVE
JACKSONVILLE, FL 32277

New Principal Place of Business:

Current Mailing Address:

3952 FERNGLEN DRIVE
JACKSONVILLE, FL 32277

New Mailing Address:

FEI Number: 51-0530307 **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:

LEWIS, LYLE
3952 FERNGLEN DRIVE
JACKSONVILLE, FL 32277 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: MR. ( ) Delete
Name: LEWIS, LYLE H
Address: 3952 FERNGLEN DRIVE
City-St-Zip: JACKSONVILLE, FL 32277

Title: MR. ( ) Delete
Name: WALKER, KENNY
Address: 5453 BRISTOL BAY LANE S.
City-St-Zip: JACKSONVILLE, FL 32244

Title: MRS. ( ) Delete
Name: LEWIS, JANIS K
Address: 3952 FERNGLEN DRIVE
City-St-Zip: JACKSONVILLE, FL 32277

Title: MR. ( ) Delete
Name: WORLEY, MICHAEL
Address: 6211 ELISE DRIVE
City-St-Zip: JACKSONVILLE, FL 32211

Title: MR. ( ) Delete
Name: WALLACE, STEVE
Address: 11827 LYNNE TREE LANE W.
City-St-Zip: JACKSONVILLE, FL 32258

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: LYLE LEWIS MR. 05/15/2006

Electronic Signature of Signing Officer or Director — Date