2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006
Secretary of State

DOCUMENT# N04000012095

Entity Name: GOD'S MIRACLE HEALING MINISTRIES, INC.

Current Principal Place of Business:

4723 ALAMEDA ST
PANAMA CITY, FL 32404

New Principal Place of Business:

Current Mailing Address:

4723 ALAMEDA ST
PANAMA CITY, FL 32404

New Mailing Address:

FEI Number: 20-2117987 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THARP, ROBERT EARL
4723 ALAMEDA ST
PANAMA CITY, FL 32404 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: CD ( ) Delete
Name: THARP, ROBERT EARL
Address: 4723 ALAMEDA ST
City-St-Zip: PANAMA CITY, FL 32404

Title: CD ( ) Delete
Name: CREWS, DAVID
Address: 313 MAPLE AVE, APT A
City-St-Zip: PANAMA CITY, FL 32401

Title: DST ( ) Delete
Name: THARP, LYNDA GALE
Address: 4723 ALAMEDA ST
City-St-Zip: PANAMA CITY, FL 32404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCD (X) Change ( ) Addition
Name: THARP, ROBERT EARL
Address: 4723 ALAMEDA ST
City-St-Zip: PANAMA CITY, FL 32404

Title: D (X) Change ( ) Addition
Name: CREWS, JAMES DAVID
Address: 209 SHERMAN AVE. APT. B
City-St-Zip: PANAMA CITY, FL 32401

Title: VSTD (X) Change ( ) Addition
Name: THARP, LYNDA GALE
Address: 4723 ALAMEDA ST
City-St-Zip: PANAMA CITY, FL 32404

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: ROBERT EARL THARP PCD 04/25/2006

Electronic Signature of Signing Officer or Director — Date