2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007612

Entity Name: TREES OF HEALING MINISTRIES, INC.

FILED Apr 01, 2009 Secretary of State

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

839 KELL-AIRE 2404 LAKEWOOD DR DESTIN, FL 32541 PADUCAH, KY 42003

Current Mailing Address: New Mailing Address:

P.O. BOX 488 WEST PADUCAH, KY 42086

FEI Number: 59-3781371 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MILLER, ROSS 839 KELL-AIRE DESTIN, FL 32541 US

OFFICERS AND DIRECTORS:

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

Electronic Signature of Registered Ag

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 MILLER, LYNN
 Name:
 MILLER, LYNN

 Address:
 839 KELL-AIRE
 Address:
 2404 LAKEWOOD DR

 City-St-Zip:
 DESTIN, FL 32541
 City-St-Zip:
 PADUCAH, KY 42003

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

 Name:
 MILLER, ROSS
 Name:
 MILLER, ROSS

 Address:
 839 KELL-AIRE
 Address:
 2404 LAKEWOOD DR

 City-St-Zip:
 DESTIN, FL 32541
 City-St-Zip:
 PADUCAH, KY 42003

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: ROSS MILLER DIRE 04/01/2009