

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009879

FILED  
Aug 15, 2006  
Secretary of State

**Entity Name:** HEAL OUR LAND MINISTRIES, INC.

**Current Principal Place of Business:**

4345 NW 3RD TERRACE  
POMPANO BEACH, FL 33064

**New Principal Place of Business:**

**Current Mailing Address:**

4345 NW 3RD TERRACE  
POMPANO BEACH, FL 33064

**New Mailing Address:**

**FEI Number:** 20-3532570      **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:**

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

DE SOUZA, WILLEN S  
5065 WILES RD #203  
COCONUT CREEK, FL 33073      US

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: DP      ( ) Delete  
Name: DE SOUZA, WILLEN S  
Address: 5065 WILES ROAD #203  
City-St-Zip: COCONUT CREEK, FL 33073

Title: DV      ( ) Delete  
Name: SOARES, SIMONE G  
Address: 5065 WILES ROAD #203  
City-St-Zip: COCONUT CREEK, FL 33073

Title: DT      ( ) Delete  
Name: DOS SANTOS, IRAN F  
Address: 4345 NW 3RD TERRACE  
City-St-Zip: POMPANO BEACH, FL 33064

Title: DS      ( ) Delete  
Name: TWANI, ERIKA  
Address: 830 ARGONAUT ISLE  
City-St-Zip: DANIA BEACH, FL 33004

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP      (X) Change ( ) Addition  
Name: DE SOUZA, WILLEN S  
Address: 5065 WILES ROAD #203  
City-St-Zip: COCONUT CREEK, FL 33073

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

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

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

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: WILLEN S DE SOUZA

DP

08/15/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date