

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011043

FILED  
Jan 02, 2007  
Secretary of State

**Entity Name:** HIGHER DIMENSIONS MINISTRIES INTERNATIONAL INC

**Current Principal Place of Business:**

5740 S.W. 44TH STREET  
DAVIE, FL 33314

**New Principal Place of Business:**

**Current Mailing Address:**

5740 S.W. 44TH STREET  
DAVIE, FL 33314

**New Mailing Address:**

**FEI Number:** 83-0465523

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MONTGOMERY, KATHERINE  
5740 S.W. 44TH STREET  
DAVIE, FL 33314 US

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

MONTGOMERY, KATHERINE PASTOR  
5740 S.W. 44TH STREET  
DAVIE, FL 33314 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: KATHERINE MONTGOMERY

01/02/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: MONTGOMERY, KATHERINE PASTOR  
Address: 5740 S.W. 44TH STREET  
City-St-Zip: DAVIE, FL 33314

Title: VP ( ) Delete  
Name: MONTGOMERY, THOMAS  
Address: 8030 N. NOB HILL ROAD #102  
City-St-Zip: TAMARAC, FL 33321

Title: SEC ( ) Delete  
Name: GWIAZDOWSKI, NICOLE  
Address: 8030 N. NOB HILL ROAD #102  
City-St-Zip: TAMARAC, FL 33321

**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:

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: KATHERINE MONTGOMERY

PRES

01/02/2007

Electronic Signature of Signing Officer or Director

Date