2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006
Secretary of State

DOCUMENT# N92000000336

Entity Name: HOUSE OF BLESSINGS MINISTRY, INC.

Current Principal Place of Business:

HOUSE OF BLESSING
854 CONNISTON ROAD
WEST PALM BEACH, FL 33405 US

New Principal Place of Business:

HOUSE OF BLESSING
1507 LANDINGS BLVD.
GREENACRES, FL 33413 US

Current Mailing Address:

HOUSE OF BLESSING
P.O BOX 19116
WEST PALM BEACH, FL 33416 US

New Mailing Address:

HOUSE OF BLESSING
1507 LANDINGS BLVD.
GREENACRES, FL 33413 US

FEI Number: 65-0374643 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STRIKER, DELLA K PASTOR
1507 LANDINGS BLVD.
GREENACRES, FL 33413 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: PD ( ) Delete
Name: STRIKER, DELLA
Address: 1507 LANDINGS BLVD.
City-St-Zip: GREENACRES, FL 33413

Title: S ( ) Delete
Name: MOULTON, HEATHER M
Address: 2504 EGRET LAKE DR.
City-St-Zip: GREENACRES, FL 33413

Title: T (X) Delete
Name: STATON, CARL
Address: 6206 DOCKSIDE CIRCLE
City-St-Zip: GREENACRES, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change ( ) Addition
Name: STATON, BETSY
Address: 6206 DOCKSIDE CIRCLE
City-St-Zip: GREENACRES, FL 33463

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: PASTOR DELLA STRIKER PD 01/10/2006

Electronic Signature of Signing Officer or Director Date