2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # N96000000708

FILED Jan 23, 2006 8:00 am Secretary of State

01-23-2006 90050 007 ****61.25

1. Entity Name SHANNON HILLIARD MINISTRIES, INC.												
1469 10TH COURT NE P			POST	Mailing Address POST OFFICE BOX 1324 WINTER HAVEN, FL 33882					v	•••		
2. Principal P	lace of Busin	ness	3. Mai	ling Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01162006	Chg-NP	CR2E	037 (11/05)		
City & State			City & State					4. FEI Number 59-33651	106			pplied For lot Applicable
Zip Country				Zip Cou			5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name	and Address of Current	Registere	d Agent		Name		7. Name and A	ddress of New F	Registered	Agent	
SHANNON	HILLIAR	D				Name						
SHANNON HILLIARD 1469 10TH CT NE WINTER HAVEN, FL 33882						Street A	ddress (f	P.O. Box Number i	is Not Acceptabl	e)	-	
						City				FI	Zip Cod	de
8. The above the obligat	named entit	ly submits this statement fo tered agent.	r the purp	ose of changing its	register	ed office o	r register	ed agent, or both,	in the State of Fi		n familiar with	, and accept
SIGNATURE		<u>`</u>								-		
į.	Signature, typeo	or printed name of registered agent.	and title if app	olicable. (NOTE	Registere	ed Agent signa				DATE		
		\$					mie iedoned	when reinstating;		DATE		
+ H	-	ee is \$61.25 May 1, 2006		9. Election Cam Trust Fund C	npaign f	inancing		\$5.00 May Be Added to Fees		lake che	ck payable i	
10.	-	e is \$61.25		9. Election Cam Trust Fund C	npaign f	inancing tion.		\$5.00 May Be	Flo	lake cher rida Depa	irtment of S	State
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

293-1121 X103 SIGNATURE: Stymmon by Lland Shannon H

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR