## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000007142

FILED Aug 10, 2006 Secretary of State

|   |  | H MINISTRIES, INC.   |
|---|--|--|
| Current P   | Principal Place of Business:   | New Principal Place of Business:   |
| 3425 WILI<br>LAKELAN                                | KENS<br>D, FL 33805  |  |
| Current N   | Mailing Address:   | New Mailing Address:   |
| PO BOX 9<br>LAKELAN                                 | 90605<br>D, FL 33806   |  |
| In accordar   | r: 59-3549680 FEI Number Applied Fo<br>nce with s. 607.193(2)(b), F.S., the corporati                                  | on did not receive the prior notice.   |
| Name and  | d Address of Current Registered Ag   | ent: Name and Address of New Registered Agent:   |
| 601 WHIT  | DER, HOWARD<br>FIELD ST<br>HILLS, FL 33860 US  |  |
| The above   |  |  |
|   | e named entity submits this statement<br>e of Florida.   | for the purpose of changing its registered office or registered agent, or both,            |
|   | e of Florida.  | for the purpose of changing its registered office or registered agent, or both,            |
| in the Stat   | e of Florida.  |  |
| in the Stat<br>SIGNATU                              | e of Florida. **<br>RE:  |  |
| in the Stat<br>SIGNATU                              | e of Florida.  RE:  Electronic Signature of Registe  | ered Agent Date  |
| in the Stat SIGNATU  OFFICER  Title: Name: Address: | e of Florida.  RE:  Electronic Signature of Registe  S AND DIRECTORS:  PD () Delete  JACKSON, GRADY 2834 HIGHVIEW BEND | ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  Title: ( ) Change ( ) Addition  Name: Address: |

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: GRADY HAMPTON JACKSON PD 08/10/2006