

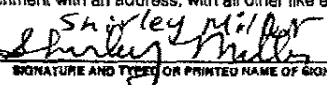


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2004 08:00 AM
Secretary of State

DOCUMENT # N99000001613		
1. Entity Name HEAVENLY HOST MINISTRIES INC.		
Principal Place of Business 2431 ALOMA AVE. 140 WINTER PARK, FL 32792		Mailing Address P.O. BOX 2601 ORLANDO, FL 32802
DO NOT WRITE IN THIS SPACE		
		 05062004 No Chg-NP CR2E037 (10/03)
4. FEI Number 59-3569850		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
8. Name and Address of Current Registered Agent LOVE, BRETT 3015 WHISPER LAKE LANE STE. A WINTER PARK, FL 32792		DO NOT WRITE IN THIS SPACE
9. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____		
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		U000000158746 05/10/04-80002-007 61.25
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD MILLER, SHIRLEY 2431 ALOMA STE 140 WINTER PARK, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MCSD LOVE, BRETT 3015 WHISPERLAKE LN. STE A WINTER PARK, FL 32792	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCSD HOUSTON, LOUISE 5809 MAPLEWOOD CHICAGO, IL 60629	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARTINO, CHERRY 701 RIVER RD APT 9 BOYNTON BEACH, FL 33435	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KIMBER, JACQUELYN 7662 TOWHEE TRAIL ORLANDO, FL 32810	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.		
SIGNATURE:  PTD		5/5/04 407-657-1594
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #