

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000051285

FILED  
Feb 17, 2007  
Secretary of State

Entity Name: HOLISTIC CARE MINISTRIES, INC.

**Current Principal Place of Business:**

25 NE 158TH STREET  
NORTH MIAMI BEACH, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

25 NE 158TH STREET  
NORTH MIAMI BEACH, FL 33162

**New Mailing Address:**

FEI Number: 65-1010847

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DAY, MICHAEL  
25 NE 158TH STREET  
NORTH MIAMI BEACH, FL 33162 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DAY, MICHAEL A  
Address: 25 NE 158 ST  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: ES ( ) Delete  
Name: DAY, IRMA  
Address: 11940 S.W. 23 STREET  
City-St-Zip: MIRAMAR, FL 33025

Title: T ( ) Delete  
Name: HILL, ERNESTINE  
Address: 245 NE 184 STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

**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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL DAY

PD

02/17/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date