

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000092025

Entity Name: MOVING ONTO HIGHER GROUND, INC.

FILED
Jan 05, 2007
Secretary of State

Current Principal Place of Business:

PO BOX 222365
WEST PALM BEACH, FL 33422

New Principal Place of Business:

Current Mailing Address:

PO BOX 222365
WEST PALM BEACH, FL 33422

New Mailing Address:

FEI Number: 37-1512707 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BOWEN, ANDREA
4500 PORTOFINO WAY SUITE 206
WEST PALM BEACH, FL 33409 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: D () Delete
Name: BOWEN, ANDREA
Address: 4500 PORTOFINO WAY SUITE 206
City-St-Zip: WEST PALM BEACH, FL 33409

Title: PCOT () Delete
Name: BOWEN, ANDREA
Address: 4500 PORTOFINO WAY SUITE 206
City-St-Zip: WEST PALM BEACH, FL 33409

Title: EVP () Delete
Name: BOWEN, ANNETTE
Address: 2411-1 WHISPERING WOODS BLVD.
City-St-Zip: JACKSONVILLE, FL 32246

Title: S () Delete
Name: BINES, PRISCILLA
Address: P.O. BOX 23471
City-St-Zip: JACKSONVILLE, FL 32241

Title: H () Delete
Name: JACKSON, ANGELA
Address: 11932 HUGE EVERGREEN CT.
City-St-Zip: JACKSONVILLE, FL 32223

Title: C () Delete
Name: BOWEN, DOROTHY
Address: 2411-1 WHISPERING WOODS BLVD.
City-St-Zip: JACKSONVILLE, FL 32246

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:

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: ANDREA BOWEN

D

01/05/2007

Electronic Signature of Signing Officer or Director

Date