2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007
Secretary of State

DOCUMENT# 730196

Entity Name: PREGNANCY HELP AND INFORMATION CENTER, INC.

Current Principal Place of Business:

1710 SOUTH GADSDEN STREET
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

1710 SOUTH GADSDEN STREET
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 59-1745861 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WARFEL, TIMOTHY J.
3748 FORSYTHE WAY
TALLAHASSEE, FL 32308 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

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: FIERRO, BOB
Address: 2855 ASBURY HILL
City-St-Zip: TALLAHASSEE, FL 32312

Title: D ( ) Delete
Name: WARFEL, TIMOTHY,
Address: 3748 FORSYTHE WAY
City-St-Zip: TALLAHASSEE, FL 32309

Title: D ( ) Delete
Name: FISHBACK, MEREDITH,
Address: 4573 BERKLIE DR
City-St-Zip: TALLAHASSEE, FL 32308

Title: TD (X) Delete
Name: WOODHAM, SUSAN
Address: 3726 KERRY COURT
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: FIERRO, BOB
Address: 2855 ASBURY HILL
City-St-Zip: TALLAHASSEE, FL 32312

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

SIGNATURE: CONNIE MOORE ED 02/14/2007

Electronic Signature of Signing Officer or Director — Date