


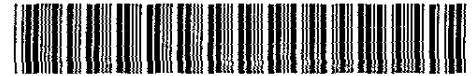
2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # N0000002208
 1. Entity Name
ART OF THE HEART, INC.



Principal Place of Business Mailing Address
1580 WEST AVE., APT. 306 **PO BOX 398-391**
MIAMI BEACH FL 33139 **MIAMI BEACH FL 33139**
US **US**



2. Principal Place of Business 3. Mailing Address

Street, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/05)

4. FEI Number Applied For
16-1742630 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FRANK, RITA
1580 WEST AVE., APT. 306
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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: *Rita Frank* DATE: April 16, 2006
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reconstituting)

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	TITLE	
NAME	FRANK, RITA	NAME	
STREET ADDRESS	1580 WEST AVE., APT. 306	STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH FL 33139	CITY - ST - ZIP	
TITLE	VD	TITLE	
NAME	FRANK, LEONARD	NAME	
STREET ADDRESS	1580 WEST AVE., APT. 306	STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH FL 33139	CITY - ST - ZIP	
TITLE	TD	TITLE	
NAME	HUBERMAN, GISELA	NAME	
STREET ADDRESS	1580 WEST AVE., APT. 306	STREET ADDRESS	
CITY - ST - ZIP	MIAMI BEACH FL 33139	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY - ST - ZIP		CITY - ST - ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

U000000532339
 05/06/06-80077-025 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Rita Frank* DATE: 16 April 2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR