

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010524

FILED  
May 12, 2007  
Secretary of State

**Entity Name:** SAVING YOUNG HEARTS, INC.

**Current Principal Place of Business:**

2438 ALCLOBE CIRCLE  
OCOOE, FL 34761

**New Principal Place of Business:**

**Current Mailing Address:**

2438 ALCLOBE CIRCLE  
OCOOE, FL 34761

**New Mailing Address:**

**FEI Number:** 20-5727219    **FEI Number Applied For** ( )    **FEI Number Not Applicable** ( )    **Certificate of Status Desired** ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

TRACI KRATISH, P.A.  
300 SOUTH PINE ISLAND RD., SUITE 222  
PLANTATION, FL 33324    US

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

TRACI KRATISH, P.A.  
141 NW 117TH TERRACE  
PLANTATION, FL 33325    US

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

05/12/2007

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D            ( ) Delete  
Name: LOPEZ-ANDERSON, MARTHA E  
Address: 2438 ALCLOBE CIRCLE  
City-St-Zip: OCOOE, FL 34761

Title: D            ( ) Delete  
Name: ANDERSON, DANA A  
Address: 2438 ALCLOBE CIRCLE  
City-St-Zip: OCOOE, FL 34761

Title: D            ( ) Delete  
Name: MIRANDA, ENID N  
Address: 631 SPICE TRADER WAY, APT. D  
City-St-Zip: ORLANDO, FL 32818

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                            ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                            ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:            D            (X) Change ( ) Addition  
Name:            MIRANDA, ENID N  
Address:            2422 ALCLOBE CIRCE  
City-St-Zip:            ORLANDO, FL 34761

I hereby certify that the information supplied with this filing does not qualify 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: MARTHA E. LOPEZ-ANDERSON

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

D

05/12/2007

\_\_\_\_\_  
Date