

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2009
Secretary of State

DOCUMENT# N06000010524

Entity Name: SAVING YOUNG HEARTS, INC.

Current Principal Place of Business:

2438 ALCLOBE CIRCLE
OCOEE, FL 34761

New Principal Place of Business:

Current Mailing Address:

2438 ALCLOBE CIRCLE
OCOEE, 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:

Name and Address of New Registered Agent:

TRACI KRATISH, P.A.
16068 GLENCREST AVENUE
DELRAY BEACH, FL 33446 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

Date

OFFICERS AND DIRECTORS:

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

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

Title: T () Delete
Name: MIRANDA, ENID N
Address: 2422 ALCLOBE CIRCE
City-St-Zip: ORLANDO, FL 34761

Title: D () Delete
Name: FISHER, MICHELL D
Address: 200 ST. ANDREWS BLVD. UNIT 1002
City-St-Zip: WINTER PARK, FL 32792

Title: D () Delete
Name: OTTS, SUSAN B
Address: 1098 SHIMMERING SAND DRIVE
City-St-Zip: OCOEE, FL 34761

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: BLANCO, RAFAEL F
Address: 2422 ALCLOBE CIRCLE
City-St-Zip: OCOEE, 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

PRES

05/16/2009

Electronic Signature of Signing Officer or Director

Date