


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

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90044 026 \*\*\*\*\*70.00

<b>DOCUMENT # F03000006145</b>	
<b>1. Entity Name</b> HEART TO HEART ADOPTION SERVICE, INC.	

<b>Principal Place of Business</b> 2940 FONTANA PL. WEST PALM BEACH FL 33411	<b>Mailing Address</b> 2940 FONTANA PL. WEST PALM BEACH FL 33411
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)	
<b>4. FEI Number</b> 04-3640395	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  WYNN, LINDA R 2940 FONTANA PL. ROYAL PALM BEACH FL 33411	
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<b>7. Name and Address of New Registered Agent</b>	
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	SULLIVAN-MORALES, LISA
STREET ADDRESS	4810 SW 170TH AVE.
CITY - ST - ZIP	FT. LAUDERDALE FL 23331
TITLE	D <input type="checkbox"/> Delete
NAME	KOZO, JOSEPH
STREET ADDRESS	336 SOUTH CRANBROOK CROSS RD.
CITY - ST - ZIP	BLOOMFIELD MI 48301
TITLE	P <input type="checkbox"/> Delete
NAME	YON, RICHARD
STREET ADDRESS	11210 HARBOUR SPRINGS CIRCLE
CITY - ST - ZIP	BOCA RATON FL 33428
TITLE	ST <input type="checkbox"/> Delete
NAME	DELA RIVA, CIO
STREET ADDRESS	15 ARON COURT
CITY - ST - ZIP	NEW HEMPSTEAD NY 10977
TITLE	D <input type="checkbox"/> Delete
NAME	BAUER, LAURIE
STREET ADDRESS	603 PHEASANT WOODS ROAD
CITY - ST - ZIP	BRIARCLIFF MANOR NY 10510
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TIM SEAUER
STREET ADDRESS	840 ARTHUR ST
CITY - ST - ZIP	MENASHA, WI 54952
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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:** *David F. Wynn*

1-25-06 561-383-8590