


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 21, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90108 034 \*\*\*\*61.25

<b>DOCUMENT # F04000007276</b>	
1. Entity Name <b>HEART OF AFRICA, INC.</b>	

Principal Place of Business <b>100 CROWN OAK CENTRE DR. SUITE A-3 LONGWOOD, FL 32750</b>	Mailing Address <b>P.O. BOX 521151 LONGWOOD, FL 32752</b>
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**66011272**



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04212008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>35-2121414</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>HENDERSON, D. MICHAEL 450 COLUMBUS CIRCLE LONGWOOD, FL 32750</b>	

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	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	Make check payable to <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	D <b>Heart of Africa President</b> <input type="checkbox"/> Delete
NAME	HENDERSON, D. MICHAEL DR.
STREET ADDRESS	450 COLUMBUS CIRCLE
CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	SD <b>Board Member</b> <input type="checkbox"/> Delete
NAME	HENDERSON, MARTHA MRS.
STREET ADDRESS	450 COLUMBUS CIRCLE
CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	PD <b>Board Member</b> <input type="checkbox"/> Delete
NAME	AMANING, K. OWUSU MR.
STREET ADDRESS	1558 REBECCA PL.
CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	VD <b>Board Member</b> <input type="checkbox"/> Delete
NAME	DAVIES, AUGUSTINE REV.
STREET ADDRESS	511 ERICA WAY
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	TD <b>Board Member</b> <input type="checkbox"/> Delete
NAME	DEDEKIND, BRENDON MR.
STREET ADDRESS	3473 GERBER DAISY LN.
CITY-ST-ZIP	OVEDO, FL 32766
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	Mr. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Alan Carpenter
STREET ADDRESS	5050 Shoreline Cir.
CITY-ST-ZIP	Sanford, FL 32781 - Board Member
TITLE	Mr. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul Thonnard
STREET ADDRESS	5 N. Tocovict.
CITY-ST-ZIP	Brownsville, IN 46112 - Board Member
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 Chapter 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.

<b>SIGNATURE:</b> <u>D. Michael Henderson</u>	<u>4/23/08</u>	<u>407-619-3482</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		