## 2005 FOR PROFIT CORPORATION. ANNUAL REPORT

## **FILED** Feb 21, 2005 08:00 AM

DOCUMENT # L82100  1. Entity Name HELP FROM THE HEART, INC.	Secret	ary of State
Principal Place of Business  % JANICE M. HEALEY P O BOX 1067 HOBE SOUND, FL 33475  Mailing Address  % JANICE M. HEALEY P O BOX 1067 HOBE SOUND, FL 33475	US	
DO NOT WRITE IN THIS SPA	02052005 No Chg-P CR2E	O34 (10/03)  Applied For Not Applicable \$8.75 Additional Fee Required
HEALEY, JANICE M. 6381 SE SHERWOOD ST HOBE SOUND, FL 33455  IN THIS SPACE		
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, typed or printed name of registered agent and title if applicable  (NOTE Registered Agent signature required when reinstating)  DATE		
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Find Trust Fund Contribution		28 1-018 150.00
TITLE DP NAME HEALEY, JANICE M STREET ADDRESS CITY-ST-ZIP HOBE SOUND, FL 33455		- 1777.
TIFLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(7), Rorida 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 cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAIS DELIS D		