2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# N00000002492

Entity Name: HEART'S CRY, INC.

Current Principal Place of Business:

1931 HALIFAX LN
CLEARWATER, FL 337634415 US

New Principal Place of Business:

Current Mailing Address:

1931 HALIFAX LN
CLEARWATER, FL 337634415 US

New Mailing Address:

FEI Number: 59-3640049 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MOLINA, CARLOS J
1931 HALIFAX LANE
CLEARWATER, FL 337634415 US

Name and Address of New Registered Agent:

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: PD ( ) Delete
Name: MOLINA, CARLOS J
Address: 1931 HALIFAX LANE
City-St-Zip: CLEARWATER, FL 33763

Title: VD (X) Delete
Name: BROWN, JOHN
Address: 1648 FARRIER TRAIL
City-St-Zip: CLEARWATER, FL 33765

Title: SD ( ) Delete
Name: HINRICHS, SHAWN
Address: 3300 COVE CAY DR. #6B
City-St-Zip: CLEARWATER, FL 33760

Title: TD ( ) Delete
Name: PAYNE, JENNY
Address: 770 16TH LANE
City-St-Zip: PALM HARBOR, FL 33684

Title: D (X) Delete
Name: BANNISTER, TOM
Address: 518 PINEWOOD DR.
City-St-Zip: OLDSMAR, FL 34677

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CARLOS J MOLINA PD 04/26/2005

Electronic Signature of Signing Officer or Director — Date