2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N00000006984

Entity Name: MENDING HEARTS CHARITIES, INC.

Current Principal Place of Business:

1205 W MICHIGAN STREET
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 560609
ORLANDO, FL 32856

New Mailing Address:

FEI Number: 59-3681485 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRONSKI, TERESA
1205 W MICHIGAN STREET
ORLANDO, FL 32805 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: D ( ) Delete
Name: MCKINNESS, ANN
Address: 1205 W MICHIGAN STREET
City-St-Zip: ORLANDO, FL 32805

Title: D ( ) Delete
Name: GRONSKI, TERESA L
Address: 1205 W MICHIGAN STREET
City-St-Zip: ORLANDO, FL 32805

Title: D ( ) Delete
Name: BENEDETTO, KRISTEN
Address: 1205 W MICHIGAN STREET
City-St-Zip: ORLANDO, FL 32805

Title: D ( ) Delete
Name: GRONSKI, JAMES E
Address: 1205 W. MICHIGAN ST.
City-St-Zip: ORLANDO, FL 32805

Title: D ( ) Delete
Name: JACKSON, MAURIO
Address: 1205 W. MICHIGAN ST.
City-St-Zip: ORLANDO, FL 32805

Title: D ( ) Delete
Name: PURSLEY, TIMOTHY
Address: 1205 W. MICHIGAN ST.
City-St-Zip: ORLANDO, FL 32805

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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: TERESA GRONSKI, PRESIDENT PRES 04/30/2008

Electronic Signature of Signing Officer or Director — Date