2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2005
Secretary of State

DOCUMENT# N01000003183

Entity Name: HEALING HEARTS FOUNDATION, INC.

Current Principal Place of Business:

1601 N. PALM AVENUE
SUITE 311C
PEMBROKE PINES, FL 33026 US

New Principal Place of Business:

2632 HOLLYWOOD BOULEVARD
SUITE 102
HOLLYWOOD, FL 33020 US

Current Mailing Address:

1601 N. PALM AVENUE
SUITE 311C
PEMBROKE PINES, FL 33026 US

New Mailing Address:

2632 HOLLYWOOD BOULEVARD
SUITE 102
HOLLYWOOD, FL 33020 US

FEI Number: 65-1130171 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BELTRAN, ALBERT
9015 N. W. 10 STREET
PEMBROKE PINES, FL 33024 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: BELTRAN, ALBERT
Address: 1601 N. PALM AVE SUITE 311D
City-St-Zip: PEMBROKE PINES, FL 33026

Title: VPD ( ) Delete
Name: MESA, LEONEL JR
Address: 1601 N. PALM AVE SUITE 311C
City-St-Zip: PEMBROKE PINES, FL 33026

Title: TD ( ) Delete
Name: STANFORD, MATTHEW
Address: 1601 N. PALM AVE SUITE 311D
City-St-Zip: PEMBROKE PINES, FL 33026

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:

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: LEONEL E. MESA, JR. VPD 01/11/2005

Electronic Signature of Signing Officer or Director — Date