2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2009
Secretary of State

DOCUMENT# N02000004391

Entity Name: HEAVENLY HOOFS, INC.

Current Principal Place of Business:

1633 EAST VINE STREET, SUITE 200
KISSIMMEE, FL 34744

New Principal Place of Business:

Current Mailing Address:

1633 EAST VINE STREET, SUITE 200
KISSIMMEE, FL 34744

New Mailing Address:

FEI Number: 13-4205662 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANCHEZ, THOMASA
1633 EAST VINE STREET, SUITE 200
KISSIMMEE, FL 34744 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:	SANCHEZ, THOMASA	
Address:	2800 VICKIE COURT	
City-St-Zip:	KISSIMMEE, FL 34744	
Title:	D	( ) Delete
Name:	TOMPKINS, THOMAS	
Address:	1731 BOGGY CREEK ROAD	
City-St-Zip:	KISSIMMEE, FL 34744	
Title:	D	( ) Delete
Name:	YOUNG, KRISTEN	
Address:	1637 EAST VINE STREET	
City-St-Zip:	KISSIMMEE, FL 34744	
Title:	DC	( ) Delete
Name:	SHIPLEY, KEN	
Address:	1101 E. DONEGAN AVE	
City-St-Zip:	KISSIMMEE, FL 34744	
Title:	D	( ) Delete
Name:	OWEN, PAUL	
Address:	2349 CHADWICK CIRCLE	
City-St-Zip:	KISSIMMEE, FL 34746	
Title:	D	( ) Delete
Name:	HAWKINS, FRED	
Address:	3725 HICKORY TREE ROAD	
City-St-Zip:	SAINT CLOUD, FL 34772	

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: THOMASA SANCHEZ D 01/23/2009

Electronic Signature of Signing Officer or Director — Date