2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007785

FILED Apr 22, 2007 Secretary of State

Entity Name: HEART OF ROMANIA'S CHILDREN FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business: 103 S AURORA DR 399 FAIRFIELD DR APOPKA, FL 32712 SANFORD, FL 32771 **Current Mailing Address: New Mailing Address:** 399 FAIRFIELD DR 103 S AURORA DR APOPKA, FL 32712 SANFORD, FL 32771 FEI Number: 27-0032167 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PAUNA, ZAMFIRA PAUNA, ZAMFIRA 399 FAIRFIELD DR 103 S AURORA DR US US APOPKA, FL 32712 SANFORD, FL 32771 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: ZAMFIRA PAUNA 04/22/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DP (X) Change () Addition () Delete PAUNA, ZAMFIRA PAUNA, ZAMFIRA Name: Name: 103 S AURORA DR Address: 399 FAIRFIELD DR Address: City-St-Zip: APOPKA, FL 32712 City-St-Zip: SANFORD, FL 32771 Title: DT Title: (X) Change () Addition () Delete BUCUR, ILIE Name: HARRIS, MICHAEL Name: Address: 103 S AURORA DR Address: P.O.BOX 2811 1200 W INT:L SPEEDWAY City-St-Zip: APOPKA, FL 32712 City-St-Zip: DAYTONA BEACH, FL 32120 Title: DV () Delete Title: () Change () Addition BURLACU, IOANA Name: Name: 9401 CHANDON DR Address: Address: City-St-Zip: ORLANDO, FL 32825 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: GABRIELA -OANA, PREDA V Name: GABRIELA -OANA, PREDA V 103 S AURORA DR 399 FAIRFIELD DR Address: Address: City-St-Zip: APOPKA, FL 32712 City-St-Zip: SANFORD, FL 32771 Title: () Delete Title: () Change (X) Addition DANIELA, BURLACU Name: Name: 9401 CHANDON DR Address: Address: ORLANDO, FL 32825 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ZAMFIRA PAUNA DP 04/22/2007