2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# N02000009434

Entity Name: HOME WITH A HEART CPS, INC

Current Principal Place of Business:

505 PALM AVE
PALM HARBOR, FL 34683

New Principal Place of Business:

1950 1ST AVE NORTH
SUITE 227
ST. PETERSBURG, FL 33713

Current Mailing Address:

PO BOX 10335
ST. PETERSBURG, FL 33533

New Mailing Address:

PO BOX 10335
ST. PETERSBURG, FL 33733

FEI Number: 37-1433118 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STOKES, LESLIE P
1111 KENNEDY COURT
23
TITUSVILLE, FL 32780 US

Name and Address of New Registered Agent:

STOKES, LESLIE P
1950 1ST AVE NORTH
SUITE 227
ST. PETERSBURG, FL 33713 US

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: _____ 04/29/2005
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: STOKES, LESLIE P
Address: 505 PALM AVE
City-St-Zip: PALM HARBOR, FL 34683

Title: D ( ) Delete
Name: MORAITIS, LISA M
Address: 4370 FLOOD STREET
City-St-Zip: COCOA, FL 32927

Title: D ( ) Delete
Name: ALLEN, SHERRI D
Address: 3328 WOODLAND AVE
City-St-Zip: BALTIMORE, MD 21215

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CVO (X) Change ( ) Addition
Name: STOKES, LESLIE P
Address: 1950 1 ST AVENUE NORTH, SUITE 227
City-St-Zip: ST. PETERSBURG, FL 33713

Title: D (X) Change ( ) Addition
Name: MORAITIS, LISA M
Address: 4585 SLEEPY OAK LANE
City-St-Zip: COCOA, FL 32780

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

Title: D ( ) Change (X) Addition
Name: NEFF, A
Address: 1950 1ST AVE NORTH, SUITE 227
City-St-Zip: ST. PETERSBURG, FL 33713

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: LESLIE STOKES CVO 04/29/2005
Electronic Signature of Signing Officer or Director — Date