2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006
Secretary of State

DOCUMENT# N02000009434

Entity Name: HOME WITH A HEART CPS, INC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

PO BOX 10335
ST. PETERSBURG, FL 33733

New Mailing Address:

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
1950 1ST AVE NORTH
SUITE 227
ST. PETERSBURG, FL 33713 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:	CVO	( ) Delete
Name:	STOKES, LESLIE P	
Address:	1950 1 ST AVENUE NORTH, SUITE 227	
City-St-Zip:	ST. PETERSBURG, FL 33713	
Title:	D	( ) Delete
Name:	MORAITIS, LISA M	
Address:	4585 SLEEPY OAK LANE	
City-St-Zip:	COCOA, FL 32780	
Title:	D	( ) Delete
Name:	ALLEN, SHERRI D	
Address:	3328 WOODLAND AVE	
City-St-Zip:	BALTIMORE, MD 21215	
Title:	D	( ) Delete
Name:	NEFF, A	
Address:	1950 1ST AVE NORTH, SUITE 227	
City-St-Zip:	ST. PETERSBURG, FL 33713	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	MORAITIS, LISA M	
Address:	1023 S PARK AVE	
City-St-Zip:	TITUSVILLE, FL 32780	
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 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: LESLIE STOKES CVO 04/13/2006

Electronic Signature of Signing Officer or Director — Date