2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001005

Entity Name: NOAH'S HEART, INC.

FILED Apr 13, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

101 25 AVE SOUTH J-2 821 OLIVE TREE CIRCLE JACKSONVILLE BCH, FL 32250 GREEN ACRES, FL 33413

Current Mailing Address: New Mailing Address:

101 25 AVE SOUTH J-2 821 OLIVE TREE CIRCLE JACKSONVILLE BCH, FL 32250 GREEN ACRES, FL 33413

FEI Number: 59-3764510 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CLARK, CARA LYNNE

101 25 AVE SOUTH J-2

JACKSONVILLE BCH, FL 32250

CLARK, CARA LYNNE

821 OLIVE TREE CIRCLE

GREEN ACRES, FL 33413

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: 04/13/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 T
 () Delete
 Title:
 D
 (X) Change () Addition

 Name:
 CLARK, CARA LYNNE
 Name:
 CLARK, CARA LYNNE

 Address:
 101 25 AVE SOUTH J-2
 Address:
 821 OLIVE TREE CIRCLE

Address: 101 25 AVE SOOTH 3-2 Address: 821 OLIVE TREE CIRCLE

City-St-Zip: JACKSONVILLE BCH, FL 32250 City-St-Zip: GREEN ACRES, FL 33413

Title: () Delete Title: (X) Change () Addition Name: GONZALEZ, HEATHER L Name: GONZALEZ, HEATHER L Address: 101 25 AVE SOUTH J-2 Address: 821 OLIVE TREE CIRCLE City-St-Zip: JACKSONVILLE BCH, FL 32250 City-St-Zip: GREEN ACRES, FL 33413

Title: T () Delete Title: O (X) Change () Addition

 Name:
 KENNEDY, GLORIA
 Name:
 KENNEDY, GLORIA

 Address:
 714 OLD HICKORY RD
 Address:
 714 OLD HICKORY RD

 City-St-Zip:
 JACKSONVILLE, FL 32207
 City-St-Zip:
 JACKSONVILLE, FL 32207

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: CARA LYNNE CLARK D 04/13/2004