2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001005

Entity Name: NOAH'S HEART, INC.

FILED Apr 24, 2006 Secretary of State

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

821 OLIVE TREE CIRCLE 1015 SPANISH RIVER ROAD

GREEN ACRES, FL 33413 **UNIT 213**

BOCA RATON, FL 33432

Current Mailing Address: New Mailing Address:

1015 SPANISH RIVER ROAD 821 OLIVE TREE CIRCLE GREEN ACRES, FL 33413

UNIT 213

BOCA RATON, FL 33432 US

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

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

CLARK, CARA LYNNE CLARK, CARA L D 821 OLÍVE TREE CIRCLE 1015 SPANISH RIVER ROAD GREEN ACRES, FL 33413 US **UNIT 213**

GREEN ACRES, FL 33413 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: CARA L. CLARK 04/24/2006

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

CLARK, CARA LYNNE CLARK, CARA L Name: Name: 821 OLIVE TREE CIRCLE Address: 1015 SPANISH RIVER ROAD, UNIT 213 Address:

City-St-Zip: GREEN ACRES, FL 33413 City-St-Zip: BOCA RATON, FL 33432

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

GONZALEZ, HEATHER L Name: KEFER, MARY Name: Address: 821 OLIVE TREE CIRCLE Address: 7434 BLAZING STAR DR.

City-St-Zip: GREEN ACRES, FL 33413 City-St-Zip: MIDDLETOWN, WI 53562 US

Title: () Delete Title: (X) Change () Addition KENNEDY, GLORIA KENNEDY, GLORIA Name: Name:

714 OLD HICKORY RD 744 MORAVON AVE Address: Address: JACKSONVILLE, FL 32207

City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32211 US

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

Name: Name: MACMILLAN, DANA Address: Address: 2167 45TH TERR SW City-St-Zip: City-St-Zip: NAPLES, FL 34116 US

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: CARA L. CLARK D 04/24/2006