2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# N03000007107

Entity Name: FROM OUR HEARTS, INC.

Current Principal Place of Business:

3604 RUBY AVE
SAINT JAMES CITY, FL 33956

New Principal Place of Business:

Current Mailing Address:

3604 RUBY AVE
SAINT JAMES CITY, FL 33956

New Mailing Address:

FEI Number: 16-1683119 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ELDER, ROBERT V
3604 RUBY AVENUE
ST. JAMES CITY, FL 33956 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: D ( ) Delete
Name: PERRY, DENNIS
Address: 4112 NW 11TH STREET
City-St-Zip: CAPE CORAL, FL 33993

Title: D ( ) Delete
Name: ELDR, TONYA
Address: 3604 RUBY AVENUE
City-St-Zip: ST. JAMES CITY, FL 33956

Title: S ( ) Delete
Name: DEMRYERE, GUYLYN
Address: 2287 SYCA MORE ST
City-St-Zip: SAINT JAMES CITY, FL 33956

Title: T ( ) Delete
Name: ELDER, ROBERT V
Address: 3604 RUBY AVE
City-St-Zip: ST. JAMES CITY, FL 33956

Title: P ( ) Delete
Name: PERRY, MARCIA
Address: 4112 NW 11TH STREET
City-St-Zip: CAPE CORAL, FL 33993

Title: V (X) Delete
Name: JARDINE, MARY
Address: 3871 STABILE RD
City-St-Zip: SAINT JAMES CITY, FL 33956

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change ( ) Addition
Name: ELDER, TONYA
Address: 3604 RUBY AVENUE
City-St-Zip: ST. JAMES CITY, FL 33956

Title: S (X) Change ( ) Addition
Name: DEMRYERE, GUYLYN
Address: 2287 SYCAMORE ST
City-St-Zip: SAINT JAMES CITY, FL 33956

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

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 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: ROBERT V ELDER T 04/30/2007

Electronic Signature of Signing Officer or Director — Date