2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010104

Entity Name: FROM HEAVEN WITH LOVE, INC.

FILED Apr 22, 2007 Secretary of State

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

7230 NW 114 AVENUE 5531 N. W. 112 AVE. 203 115

MIAMI, FL 33178 MIAMI, FL 33178

Current Mailing Address: New Mailing Address:

7230 NW 114 AVENUE 5531 N. W. 112 AVE. 203 115

MIAMI, FL 33178 MIAMI, FL 33178

FEI Number: 75-3137574 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

DUENAS, LUCELLY
7230 NW 114 AVENUE
5531 N. W. 112 AVE.

MIAMI, FL 33178 US 115 MIAMI, FL 33178 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: LUCELLY GALLEGO-ANGEL 04/22/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 DUENAS, LUCELLY
 Name:
 GALLEGO-ANGEL, LUCELLY

 Address:
 7230 NW 114 AVENUE,203
 Address:
 5531 N. W. 112 AVE. 115

City-St-Zip: MIAMI, FL 33178 City-St-Zip: MIAMI, FL 33178

Title: DV () Delete Title: DV (X) Change () Addition Name: SALVADOR, BLANCA Name: SALVADOR, BLANCA

Address: 7230 NW 114 AVENUE, 203 Address: 5531 N. W. 112 AVE. 115 City-St-Zip: MIAMI, FL 33178 City-St-Zip: MIAMI, FL 33178

Title: DS () Delete Title: DS (X) Change () Addition Name: RAMIREZR, ONDINA Name: RAMIREZR, ONDINA

 Name:
 RAMIREZR, ONDINA
 Name:
 RAMIREZR, ONDINA

 Address:
 7230 NW 114 AVENUE, 203
 Address:
 5531 N. W. 112 AVE. 115

 City-St-Zip:
 MIAMI, FL 33178
 City-St-Zip:
 MIAMI, FL 33178

Title: DT () Delete Title: DT (X) Change () Addition Name: DUENAS, LUCELLY Name: GALLEGO-ANGEL, LUCELLY Address: 7230 NW 114 AVENUE, 203 Address: 5531 N. W. 112 AVE. 115 City-St-Zip: MIAMI, FL 33178 City-St-Zip: MIAMI, FL 33178

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: LUCELLY GALLEGO-ANGEL DP 04/22/2007