

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90104 010 \*\*\*\*61.25

<b>DOCUMENT # N04000003538</b> 1. Entity Name <b>EMBRACING ARMS INC.</b>					
Principal Place of Business <b>2870 MERIDIAN RD. TALLAHASSEE, FL 32312</b>			Mailing Address <b>2870 MERIDIAN RD. TALLAHASSEE, FL 32312</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>54-2155722</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DENNARD, HARRY A SR 3758 CUNARD DR. TALLAHASSEE, FL 32311</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="text-align: right;">DATE _____</div>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>DENNARD, HARRY A SR</b> <b>3758 CUNARD DR.</b> <b>TALLAHASSEE, FL 32311</b> <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ST</b> <b>BIDWELL, PATRICE MD</b> <b>912 HILLCREST CT.</b> <b>TALLAHASSEE, FL 32308</b> <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>ENGLE, DAN PHD.</b> <b>2735 RAINTREE CIR.</b> <b>TALLAHASSEE, FL 32308</b> <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VicePresd</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>MILLER, DAMON</b> <b>2202 WOODBINE DRIVE</b> <b>TALLAHASSEE, FL 32309</b> <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Vice Presd</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Bob Mullinax</b> <b>3246 Dungarvan Dr.</b> <b>Tallahassee, FL 32309</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>COVAN, GAIL</b> <b>4419 CHAIRES CROSSROADS</b> <b>TALLAHASSEE, FL 32311</b> <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Vice Presd</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Morris Singleton</b> <b>2241 Foster Dr</b> <b>Tallahassee, FL 32303</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Lucy Jones</b> <b>1134 Brafforton Dr. Tallahassee, FL</b>		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Harry A Denard Sr.</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		President (850) 591-1426 Date: <b>4/21/08</b> Daytime Phone # _____			