2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004221

Entity Name: TOUCH A HEART FOUNDATION, INC.

FILED Mar 12, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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13001 OLD SHERIDAN RD SUNSHINE RANCHES, FL 33330

Current Mailing Address: New Mailing Address:

13001 OLD SHERIDAN RD SUNSHINE RANCHES, FL 33330

FEI Number: 20-1073630 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:

PERLMAN, ALAN ESQ 350 EAST LAS OLAS BLVD STE 1700 FORT LAUDERDALE, FL 33301 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:PD() DeleteTitle:PTD(X) Change () AdditionName:PERLMAN, DEBORAHName:PERLMAN, DEBORAHAddress:13001 OLD SHERIDAN RDAddress:13001 OLD SHERIDAN RDCity-St-Zip:SUNSHINE RANCHES, FL 33330City-St-Zip:SUNSHINE RANCHES, FL 33330

Title: VPD () Delete Title: VSD (X) Change () Addition Name: PERLMAN, ALAN Name: PERLMAN, ALAN

Address: 13001 OLD SHERIDAN RD Address: 13001 OLD SHERIDAN RD City-St-Zip: SUNSHINE RANCHES, FL 33330 City-St-Zip: SUNSHINE RANCHES, FL 33330

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

Name:SPONDER, STEVENName:SAMUELS, LORIAddress:13001 OLD SHERIDAN RDAddress:13001 OLD SHERIDAN RDCity-St-Zip:SUNSHINE RANCHES, FL 33330City-St-Zip:SUNSHINE RANCHES, FL 33330

 Name:
 PERLMAN, DEBORAH
 Name:

 Address:
 13001 OLD SHERIDAN ROAD
 Address:

 City-St-Zip:
 SUNSHINE RANCHES, FL 33330
 City-St-Zip:

 Name:
 PERLMAN, ALAN
 Name:

 Address:
 13001 OLD SHERIDAN ROAD
 Address:

 City-St-Zip:
 SUNSHINE RANCHES, FL 33330
 City-St-Zip:

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

 Name:
 SAMUELS, LORI
 Name:

 Address:
 13001 OLD SHERIDAN ROAD
 Address:

 City-St-Zip:
 SUNSHINE RANCHES, FL 33330
 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: DEBORAH PERLMAN PTD 03/12/2009