2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N04000004268

FILED Feb 02, 2006 Secretary of State

Entity Name: HEART FOR CHILDREN'S FOUNDATION, INC

Current Principal Place of Business: New Principal Place of Business: 4628 DELEON ST SUITE 120E FT MYERS, FL 33907 **New Mailing Address: Current Mailing Address:** 4628 DELEON ST SUITE 120E FT MYERS, FL 33907 FFI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DEVALLON, LAFRANCE 929 HYACINTH ST N FT MYERS, FL 33903 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: LAFRANCE DEVALLON Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete DEVALLON, LAFRANCE DEVALLON, LAFRANCE Name: Name: 929 HYACINTH ST N Address: 32 B SE 24TH AVE Address: City-St-Zip: FT MYERS, FL 33903 City-St-Zip: CAPE CORAL, FL 33990 Title: () Delete Title: () Change () Addition JOSEPH, ERWIN Name: Name: Address: 1555 MARTIN LUTHERKING BLVD #102D Address: City-St-Zip: RIVIERA BEACH, FL 33403 City-St-Zip: Title: () Delete Title: (X) Change () Addition DUFRESNE, EDWEDGE Name: VANIEL, DEVALLON Name: 1555 MARTIN LUTHERKING BLVD #101D 2218 VISCAYA STREET Address: Address: City-St-Zip: RIVIERA BEACH, FL 33403 City-St-Zip: CAPE CORAL, FL 33990 Title: () Delete Title: () Change () Addition Name: CHARLES, MICASSE Name: 2282 FOWLER ST Address: Address: City-St-Zip: FT MYERS, FL 33901 City-St-Zip: Title: () Delete Title: () Change () Addition

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

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAFRANCE DEVALON PD 02/02/2006

BAPTISTE, LOVE JEAN

929 HYACINTH ST N

LARIEUX, ROCKY

3957 NW 8TH ST

FT MYERS, FL 33903

() Delete

FT LAUDERDALE, FL 33311

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

(X) Change () Addition

SIMONE, MILCE

14484 PINE LAKE STREET FORT MYERS, FL 33919