


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # N04000004692 1. Entity Name CARE FROM THE HEART, INC.	
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Principal Place of Business 1923 SW 149 AVENUE MIRAMAR, FL 33027	Mailing Address 1923 SW 149 AVENUE MIRAMAR, FL 33027
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03022006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1905179	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BOOKAL, ELAINE
1923 SW 149 AVENUE
MIRAMAR, FL 33027

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOOKAL, ELAINE 1923 SW 149 AVENUE MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDSEY, TREAVOR 1923 SW 149 AVENUE MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TENNANT, BEVALEE 1923 SW 149 AVENUE MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELLIOU, NILSA 1923 SW 149 AVENUE MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOSTER, MAUREEN 1923 SW 149 AVENUE MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD00000549784
05/13/06-80015-021 61.25

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IN THIS SPACE**

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: Elaine Bookal 4-27-06 786-290-692,
754-442-872
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #