


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 30, 2007 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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04252007 No Chg-NP CR2E037 (4/06)

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

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

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	

U000000746763 05/16/07-80082-001 61.25 DO NOT WRITE 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/07 786-290-6927
954-442-8726
Date Daytime Phone #