2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2009
Secretary of State

DOCUMENT# N04000004692

Entity Name: CARE FROM THE HEART, INC.

Current Principal Place of Business:

1923 SW 149 AVENUE
MIRAMAR, FL 33027

New Principal Place of Business:

Current Mailing Address:

1923 SW 149 AVENUE
MIRAMAR, FL 33027

New Mailing Address:

FEI Number: 20-1905179 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **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:

BOOKAL, ELAINE
1923 SW 149 AVENUE
MIRAMAR, FL 33027 US

Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete
Name: BOOKAL, ELAINE
Address: 1923 SW 149 AVENUE
City-St-Zip: MIRAMAR, FL 33027

Title: D ( ) Delete
Name: LINDSEY, TREAVOR
Address: 1923 SW 149 AVENUE
City-St-Zip: MIRAMAR, FL 33027

Title: D ( ) Delete
Name: TENNANT, BEVALEE
Address: 1923 SW 149 AVENUE
City-St-Zip: MIRAMAR, FL 33027

Title: D ( ) Delete
Name: BELLIOU, NILSA
Address: 1923 SW 149 AVENUE
City-St-Zip: MIRAMAR, FL 33027

Title: D ( ) Delete
Name: FOSTER, MAUREEN
Address: 1923 SW 149 AVENUE
City-St-Zip: MIRAMAR, FL 33027

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BOOKAL, ELAINE
Address: 1923 SW 149 AVENUE
City-St-Zip: MIRAMAR, FL 33027

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: ELAINE BOOKAL P 08/11/2009

Electronic Signature of Signing Officer or Director — Date