2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008
Secretary of State

DOCUMENT# N04000005161

Entity Name: FOSTER HEART LINK INC.

Current Principal Place of Business:

980 EDEN ISLE DR NE
ST PETERSBURG, FL 33704 US

New Principal Place of Business:

Current Mailing Address:

980 EDEN ISLE DR NE
ST PETERSBURG, FL 33704 US

New Mailing Address:

FEI Number: 20-1137668 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLEBERG, PATTIE
980 EDEN ISLE DR NE
ST PETERSBURG, FL 33704 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: D ( ) Delete
Name: CLEBERG, PATTIE
Address: 980 EDEN ISLE DR NE
City-St-Zip: ST PETERSBURG, FL 33704 US

Title: D ( ) Delete
Name: MARSHALL, BRIE A
Address: 1513 56 AVE N
City-St-Zip: ST PETERSBURG, FL 33703 US

Title: D ( ) Delete
Name: BEATON, GAYLE
Address: 5514 7 AVE N
City-St-Zip: ST PETERSBURG, FL 33710 US

Title: D ( ) Delete
Name: TEEL, THOMAS E
Address: 1125 ALCAZAR WAY SO.
City-St-Zip: ST. PETERSBURG, FL 33705

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: FLOYD, BRIE A
Address: 1513 56 AVE N
City-St-Zip: ST PETERSBURG, FL 33703 US

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: PATTIE CLEBERG D 01/18/2008

Electronic Signature of Signing Officer or Director — Date