2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2009
Secretary of State

DOCUMENT# N04000009090

Entity Name: RENEWED VISIONS TO HEAL, INC.

Current Principal Place of Business:

2414-B CLEMONS RD
TALLAHASSEE, FL 32303

New Principal Place of Business:

914 TAMARACK AVE
TALLAHASSEE, FL 32303

Current Mailing Address:

2414-B CLEMONS RD
TALLAHASSEE, FL 32303

New Mailing Address:

914 TAMARACK AVE
TALLAHASSEE, FL 32303

FEI Number: 72-1586324 **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:

HADLEY, SONYA F
2414-B CLEMONS RD
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

HADLEY, SONYA F
807 CHESTWOOD ST
TALLAHASSEE, FL 32303 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: _____ 05/19/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SMITH, LARRY D
Address: 914 TAMARACK AVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: T ( ) Delete
Name: HADLEY, SONYA F
Address: 2414-B CLEMONS RD
City-St-Zip: TALLAHASSEE, FL 32303

Title: S ( ) Delete
Name: DELUCA, SEETAL J
Address: 2305 KILLEARN CENTER BLVD
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: T (X) Change ( ) Addition
Name: HADLEY, SONYA F
Address: 807 CHESTWOOD ST
City-St-Zip: TALLAHASSEE, FL 32303

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: LARRY D SMITH P 05/19/2009
Electronic Signature of Signing Officer or Director — Date