

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004847

FILED  
Jan 10, 2007  
Secretary of State

Entity Name: SEEKERS OF THE HEART INC.

## Current Principal Place of Business:

5449 WINHAWK WAY  
LUTZ, FL 33558

## New Principal Place of Business:

## Current Mailing Address:

5449 WINHAWK WAY  
LUTZ, FL 33558

## New Mailing Address:

FEI Number: 32-0148794

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ATER, SHANNON  
5449 WINHAWK WAY  
LUTZ, FL 33558 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: ATER, SHANNON  
Address: 5449 WINHAWK WAY  
City-St-Zip: LUTZ, FL 33558

Title: VD ( ) Delete  
Name: KELLY, DEE DEE  
Address: 5524 SILVER LEAF COURT  
City-St-Zip: HASLETT, MI 48840

Title: S ( ) Delete  
Name: SIMON, DEBBIE  
Address: 14632 CANOPY DRIVE  
City-St-Zip: TAMPA, FL 33626

Title: T ( ) Delete  
Name: SIMON, DEBBIE  
Address: 14632 CANOPY DR  
City-St-Zip: TAMPA, FL 33626

Title: D ( ) Delete  
Name: AGUILAR, GABRIELLA  
Address: 3959 VAN DYKE RD #267  
City-St-Zip: LUTZ, FL 33558

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: SHANNON D ATER

P

01/10/2007

Electronic Signature of Signing Officer or Director

Date