2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007
Secretary of State

DOCUMENT# N05000005486

Entity Name: SEEKERS OF THE HEART FOUNDATION, INC.

Current Principal Place of Business:

5449 WINHAWK WAY
LUTZ, FL 33558 US

New Principal Place of Business:

Current Mailing Address:

5449 WINHAWK WAY
LUTZ, FL 33558 US

New Mailing Address:

FEI Number: 20-2901010 **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: P ( ) Delete
Name: ATER, SHANNON
Address: 5449 WINHAWK WAY
City-St-Zip: LUTZ, FL 33558 US

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 DRIVE
City-St-Zip: TAMPA, FL 33626

Title: VP ( ) Delete
Name: KELLY, DEE DEE
Address: 4305 AVENUE CANNES
City-St-Zip: LUTZ, FL 33558

Title: D ( ) Delete
Name: AGUILAR, GABRIELLA
Address: 3959 VAN DYKE ROAD, #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