2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2009
Secretary of State

DOCUMENT# N06000001574

Entity Name: TAILS OF THE HEART, INC.

Current Principal Place of Business:

7983 LAKE MARION CREEK ROAD
HAINES CITY, FL 33844 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 793
HAINES CITY, FL 33845 US

New Mailing Address:

FEI Number: 20-4259757 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

QUINTANA, PATRICIA A
7983 LAKE MARION CREEK ROAD
HAINES CITY, FL 33844 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:	PSTD	( ) Delete
Name:	QUINTANA, PATRICIA A	
Address:	7983 LAKE MARION CREEK ROAD	
City-St-Zip:	HAINES CITY, FL 33844 US	
Title:	D	( ) Delete
Name:	ALDECOCEA, CYNTHIA	
Address:	5553 SALT CEDAR ROAD	
City-St-Zip:	PUEBLO, CO 81008 US	
Title:	D	( ) Delete
Name:	LENZ, ANITA	
Address:	575 E. WADE AVE. #104	
City-St-Zip:	PENTICTON, BC V2A1T2 CA	
Title:	D	( ) Delete
Name:	ORBAN, SARA	
Address:	114 WILDING LANE	
City-St-Zip:	OAKLAND, CA 94618 US	

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:	

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: PATRICIA ANN QUINTANA PSTD 03/18/2009

Electronic Signature of Signing Officer or Director — Date