2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2009
Secretary of State

DOCUMENT# N06000003077

Entity Name: H.E.R.O.E.S. TEAM, INC

Current Principal Place of Business:

6188 WILKINSON DR
CRESTVIEW, FL 32539

New Principal Place of Business:

6188 WILKINSON DRIVE
CRESTVIEW, FL 32539

Current Mailing Address:

6188 WILKINSON DR
CRESTVIEW, FL 32539

New Mailing Address:

6188 WILKINSON DRIVE
CRESTVIEW, FL 32539

FEI Number: 87-0762271 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ELLIS, KATHY
6188 WILKINSON DR
CRESTVIEW, FL 32539 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: ELLIS, KATHY
Address: 6188 WILKINSON DR
City-St-Zip: CRESTVIEW, FL 32539

Title: VP ( ) Delete
Name: MALDONADO, MELISSA
Address: 6188 WILKINSON DR
City-St-Zip: CRESTVIEW, FL 32539

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: DAVIS, DARRELL W
Address: 6177 WILKINSON DRIVE
City-St-Zip: CRESTVIEW, FL 32539

Title: VP (X) Change ( ) Addition
Name: MALDONADO, MELISSA K
Address: 3244 TWILIGHT DRIVE
City-St-Zip: CRESTVIEW, FL 32539

Title: ST ( ) Change (X) Addition
Name: ELLIS, KATHY J
Address: 6188 WILKINSON DRIVE
City-St-Zip: CRESTVIEW, FL 32539

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: KATHY ELLIS ST 02/16/2009

Electronic Signature of Signing Officer or Director — Date