

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007371

FILED  
Apr 24, 2008  
Secretary of State

Entity Name: AMERICAN HEARTS UNLIMITED, INC.

## Current Principal Place of Business:

13581 EAST HWY 40  
SUITE 7  
SILVER SPRINGS, FL 34488

## New Principal Place of Business:

## Current Mailing Address:

13581 EAST HWY 40  
SUITE 7  
SILVER SPRINGS, FL 34488

## New Mailing Address:

FEI Number: 26-0424468

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HEALD, SHERRIE  
9071 SE 108TH PLACE  
BELLEVIEW, FL 34420 US

## Name and Address of New Registered Agent:

HEALD, SHERRIE  
5370 SE 183RD AVE ROAD  
OCKLAWAHA, FL 32179 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:

04/24/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: COLEMAN, SHERYLL  
Address: 200110 P.O. BOX 6298  
City-St-Zip: TALLAHASSEE, FL 32314

Title: DVT ( ) Delete  
Name: HEALD, SHERRI  
Address: 9071 SE 108TH PLACE  
City-St-Zip: BELLEVIEW, FL 34420

Title: DS ( ) Delete  
Name: BELL, GINA  
Address: 2922 N.E. 146 TERRACE  
City-St-Zip: SILVER SPRINGS, FL 34488

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVT (X) Change ( ) Addition  
Name: HEALD, SHERRI  
Address: 5370 SE 183RD AVE ROAD  
City-St-Zip: OCKLAWAHA, FL 32179

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: GINA BELL

DS

04/24/2008

Electronic Signature of Signing Officer or Director

Date