2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010524

Name:

Address:

City-St-Zip:

631 SPICE TRADER WAY, APT. D

ORLANDO, FL 32818

FILED May 12, 2007 Secretary of State

Entity Name: SAVING YOUNG HEARTS, INC. **Current Principal Place of Business: New Principal Place of Business:** 2438 ALCLOBE CIRCLE OCOEE, FL 34761 **Current Mailing Address: New Mailing Address:** 2438 ALCLOBE CIRCLE OCOEE, FL 34761 FEI Number: 20-5727219 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TRACI KRATISH, P.A. TRACI KRATISH, P.A 300 SOUTH PINÉ ISLAND RD., SUITE 222 141 NW 117TH TERRACE PLANTATION, FL 33324 PLANTATION, FL 33325 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: 05/12/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition LOPEZ-ANDERSON, MARTHA E Name: Name: Address: 2438 ALCLOBE CIRCLE Address: City-St-Zip: OCOEE, FL 34761 City-St-Zip: Title: () Delete Title: () Change () Addition ANDERSON, DANA A Name: Name: Address: 2438 ALCLOBE CIRCLE Address: City-St-Zip: OCOEE, FL 34761 City-St-Zip: Title: () Delete Title: (X) Change () Addition MIRANDA, ENID N

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.

Name:

Address:

City-St-Zip:

MIRANDA, ENID N

2422 ALCLOBE CIRCE

ORLANDO, FL 34761

SIGNATURE: MARTHA E. LOPEZ-ANDERSON D 05/12/2007