2005 CORPORATION ANNUAL REPORT

Apr 21
Sec

DOCUMENT # N07000000604

1. Entity Name
OPEN HEARTS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
C/O FUNDAD, APARTADO 2213 MANAGUA 5 NICARAGUA CENTRAL AMERICA, XX	C/O FUNDAD, APARTADO 2213 MANAGUA 5 NICARAGUA CENTRAL AMERICA, XX

04122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1581904
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KLEIN, THOMAS A ESQ
8511 BULL HEADLEY RD., STE 301
TALLAHASSEE, FL 32312

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

100000320162
04/21/05-80026-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BUZBEE, MICHAEL
STREET ADDRESS	C/O FUNDAD, APARTADO 2213 MANAGUA 5
CITY-ST-ZIP	NICARAGUA CENTRAL AMERICA,
TITLE	P
NAME	TILLOTSON, CARL M
STREET ADDRESS	905 SHEATS RD
CITY-ST-ZIP	MONTICELLO, FL 32344
TITLE	V
NAME	KLEIN, THOMAS A ESQ
STREET ADDRESS	409 EL DESTINADO DR.
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	D
NAME	BUZBEE, SUSAN
STREET ADDRESS	C/O FUNDAD, APARTADO 2213 MANAGUA 5
CITY-ST-ZIP	NICARAGUA CENTRAL AMERICA,
TITLE	D
NAME	YOUNG, W.A.
STREET ADDRESS	1321 MILLSTREAM RD
CITY-ST-ZIP	TALLAHASSEE, FL 32312
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/12/05 011-505-265-7056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #