

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


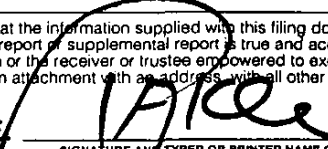
FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90097 016 ****61.25

90014761



01312007 Chg-NP CR2E037 (12/06)

DOCUMENT # N07000000604					
1. Entity Name OPEN HEARTS INTERNATIONAL, INC.					
Principal Place of Business 2285 BANNERMAN RD TALLAHASSEE, FL 32312			Mailing Address 2285 BANNERMAN RD TALLAHASSEE, FL 32312		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 59-1581904				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KLEIN, THOMAS A ESQ 8511 BULL HEADLEY RD., STE 301 TALLAHASSEE, FL 32312			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUZBEE, MICHAEL		NAME		
STREET ADDRESS	8894 WAUKEENAH HWY		STREET ADDRESS		
CITY-ST-ZIP	MONTICELLO, FL 32344		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TILLOTSON, CARL M		NAME		
STREET ADDRESS	905 SHEATS RD		STREET ADDRESS		
CITY-ST-ZIP	MONTICELLO, FL 32344		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KLEIN, THOMAS A ESQ		NAME		
STREET ADDRESS	409 EL DESTINADO DR		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32312		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUZBEE, SUSAN		NAME		
STREET ADDRESS	8894 WAUKEENAH HWY		STREET ADDRESS		
CITY-ST-ZIP	MONTICELLO, FL 32344		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	YOUNG, W.A.		NAME		
STREET ADDRESS	1321 MILLSTREAM RD		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32312		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE 			Date 1/31/07 (850) 222-3329 ext 40		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

ATTACHMENT
40014761

THOMAS A. KLEIN
Attorney at Law
409 El Destinado Drive
Tallahassee, Florida 32312
(850) 222-3329

January 31, 2007

State of Florida
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: **Open Hearts International, Inc. – Non-profit Organization
Request for Annual Report Refund**

Dear Sir or Madam:

Please allow this letter to serve as an introduction to the undersigned as a director and the registered agent of Open Hearts International, Inc. (OHI), a non-profit corporation. It has recently been brought to my attention that the Division of Corporations has made an error by originally assigning OHI a document number associated with a profit corporation, to-wit: **P00000096270**. As such, OHI has been incorrectly paying an annual report fee in the amount of \$150.00 since its inception.

Within the last few weeks, this issue has been corrected by the Division, which has reassigned OHI a new document number of **N07000000604**. Under cover of this letter, we are submitting the 2007 annual report and a check in the amount of \$61.25 as the appropriate fee. Additionally, OHI, a small non-profit missionary organization is formally requesting reimbursement for the overpayment it has incurred since its inception. We shall appreciate your treating this letter as a request for reimbursement and advising us how the Division intends to respond to the same.

Sincerely,




Thomas A. Klein
Director/Registered Agent

Enclosures

2007 FOR PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

DOCUMENT # P00000096270 1. Entity Name OPEN HEARTS INTERNATIONAL, INC.					
Principal Place of Business 2285 BANNERMAN RD TALLAHASSEE, FL 32312 XX				Mailing Address 2285 BANNERMAN RD. TALLAHASSEE, FL 32312 XX	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		01172007 Chg-P CR2E034 (12/06)	
City & State Zip		City & State Zip		4. FEI Number 59-1581904	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KLEIN, THOMAS A ESQ 8511 BULL HEADLEY RD., STE 301 TALLAHASSEE, FL 32312				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUZBEE, MICHAEL 8894 WAUKEENAH HWY. MONTICELLO, FL 32344	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TILLOTSON, CARL M 905 SHEATS RD MONTICELLO, FL 32344	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KLEIN, THOMAS A ESQ 409 EL DESTINADO DR. TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUZBEE, SUSAN 8894 WAUKEENAH HWY. MONTICELLO, FL 32344	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, W.A. 1321 MILLSTREAM RD TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					