

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2008 08:00 AM
Secretary of State

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



01152008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1581904	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent KLEIN, THOMAS A ESQ 8511 BULL HEADLEY RD., STE 301 TALLAHASSEE, FL 32312	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUZBEE, MICHAEL 8894 WAUKEENAH HWY MONTICELLO, FL 32344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TILLOTSON, CARL M 905 SHEATS RD MONTICELLO, FL 32344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KLEIN, THOMAS A ESQ 409 DESTINADO DR TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUZBEE, SUSAN 8894 WAUKEENAH HWY MONTICELLO, FL 32344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNG, W.A. 1321 MILLSTREAM RD TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U000000791242
01/23/08-80065-023 61.25

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-08 850-893-5303
Date Daytime Phone #