

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006009

FILED
Jan 30, 2008
Secretary of State

Entity Name: TRACY'S HEART CORPORATION

Current Principal Place of Business:

17489 CONCH BAR AVENUE
TEQUESTA, FL 33469

New Principal Place of Business:

Current Mailing Address:

17489 CONCH BAR AVENUE
TEQUESTA, FL 33469

New Mailing Address:

FEI Number: 26-0388241

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUETKEMEYER, SARA
17489 CONCH BAR AVENUE
TEQUESTA, FL 33469 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LUETKEMEYER, MICHAEL
Address: 17489 CONCH BAR AVENUE
City-St-Zip: TEQUESTA, FL 33469

Title: D () Delete
Name: LUETKEMEYER, SARA
Address: 17489 CONCH BAR AVENUE
City-St-Zip: TEQUESTA, FL 33469

Title: D () Delete
Name: MCLEOD, KATHRYN
Address: 1145 WEST KESLEY LANE
City-St-Zip: JACKSONVILLE, FL 32259

Title: D () Delete
Name: LUETKEMEYER, AMY
Address: 301 E. 38TH STREET #3G
City-St-Zip: NEW YORK, NY 10016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: SARA LUETKEMEYER

DIR

01/30/2008

Electronic Signature of Signing Officer or Director

Date