2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2009
Secretary of State

DOCUMENT# N07000006492

Entity Name: HEART 2 HEART MC, INC.

Current Principal Place of Business:

11047 BLUE CORAL DR
BOCA RARON, FL 33498

New Principal Place of Business:

Current Mailing Address:

11047 BLUE CORAL DR
BOCA RARON, FL 33498

New Mailing Address:

FEI Number: 26-0505023 **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:

VARES INC.
1688 CORAL WAY
MIAMI, FL 33145 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: PD ( ) Delete
Name: CHABAN, SHELDON
Address: 11047 BLUE CORAL DR
City-St-Zip: BOCA RARON, FL 33498

Title: VPD ( ) Delete
Name: CHABAN, MICHELLE E
Address: 11047 BLUE CORAL DR
City-St-Zip: BOCA RARON, FL 33498

Title: STD ( ) Delete
Name: CHABAN, PATTIA
Address: 11047 BLUE CORAL DR
City-St-Zip: BOCA RARON, FL 33498

Title: D ( ) Delete
Name: BARROSO, JUAN CARLOS
Address: 11047 BLUE CORAL DR
City-St-Zip: BOCA RARON, FL 33498

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: MICHELLE CHABAN VP 06/30/2009
Electronic Signature of Signing Officer or Director — Date