# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Aug 19, 2008**
**Secretary of State**

DOCUMENT# N07000006703

**Entity Name:** HOMEFRONT HUGS USA, INC.

**Current Principal Place of Business:**

1449 TIGER LAKE DRIVE
GULF BREEZE, FL 32563 US

**New Principal Place of Business:**

**Current Mailing Address:**

1449 TIGER LAKE DRIVE
GULF BREEZE, FL 32563 US

**New Mailing Address:**

**FEI Number: 26-0665539** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
**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:**

KELLERMANN, ALESSANDRA A MS
1449 TIGER LAKE DRIVE
GULF BREEZE, FL 32563 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: P ( ) Delete
Name: KELLERMANN, ALESSANDRA
Address: 1449 TIGER LAKE DRIVE
City-St-Zip: GULF BREEZE, FL 32563 US

Title: VP ( ) Delete
Name: BEGLEY, CARRIE
Address: 1254 GREENVIEW LANE
City-St-Zip: GULF BREEZE, FL 325633467 US

Title: ST ( ) Delete
Name: JAMES, SHELLY
Address: 3140 DEEP WATER CIRCLE
City-St-Zip: MILTON, FL 325832936

**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:

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: CARRIE BEGLEY VP 08/19/2008
Electronic Signature of Signing Officer or Director — Date