2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006703

FILED Feb 18, 2009 Secretary of State

DOCON	11LIVI# 1407 000	000700		Secretary or State	
Entity Name: HOMEFRONT HUGS USA, INC.					
Current Principal Place of Business:			New Principal Place	e of Business:	
	ER LAKE DRIVE EEZE, FL 32563	US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	ER LAKE DRIVE EEZE, FL 32563	us			
FEI Number	: 26-0665539 FEI	Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	d Address of Curre	nt Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
GULF BRE	e of Florida.	US its this statement for the p	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATO		gnature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delet KELLERMANN, ALES 1449 TIGER LAKE DF GULF BREEZE, FL 3	SANDRA RIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () Delet BEGLEY, CARRIE 1254 GREENVIEW LA GULF BREEZE, FL 3	ANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ST () Delet JAMES, SHELLY 3140 DEEP WATER (MILTON, FL 3258329	CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: ALESSANDRA ANN KELLERMANN P 02/18/2009