2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 08, 2008
Secretary of State

DOCUMENT# N07000009359

Entity Name: HEARTS OF DREAMS, INC.

Current Principal Place of Business:

207 IDAHO AVE
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

207 IDAHO AVE
LAKELAND, FL 33801

New Mailing Address:

FEI Number: 26-1131554 **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:

MCKENZIE, VICKIE N
207 IDAHO AVE
LAKELAND, FL 33801 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:	MCKENZIE, VICKIE N	
Address:	207 IDAHO AVE	
City-St-Zip:	LAKELAND, FL 33801	
Title:	VP	( ) Delete
Name:	MCKENZIE, RASHAAD	
Address:	207 IDAHO AVE	
City-St-Zip:	LAKELAND, FL 33801	
Title:	S	( ) Delete
Name:	MCKENZIE, VULA	
Address:	207 ADAHO AVE	
City-St-Zip:	LAKELAND, FL 33801	
Title:	D	( ) Delete
Name:	WIGINGTON, JACKIE	
Address:	761 16TH AVE SO	
City-St-Zip:	ST. PETERSBURG, FL 33701	
Title:	D	( ) Delete
Name:	LOVE, CYNTHIA	
Address:	550 1/2 26TH AVE SOUTH	
City-St-Zip:	ST. PETERSBURG, FL 33765	
Title:	D	( ) Delete
Name:	JACKSON, SARITA	
Address:	8267 ROSE TERRNCE N	
City-St-Zip:	SEMINOLE, FL 33777	

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:	
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: VICKIE MCKENZIE P 08/08/2008
Electronic Signature of Signing Officer or Director — Date