2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2009
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 (X)**

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 N. MCKENZIE DIRE 03/12/2009
Electronic Signature of Signing Officer or Director — Date