2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2009
Secretary of State

DOCUMENT# N08000000074

Entity Name: GIFTS FROM HOME, INC.

Current Principal Place of Business:

3264 ST. IVES BLVD
SPRING HILL, FL 34609

New Principal Place of Business:

Current Mailing Address:

3264 ST. IVES BLVD
SPRING HILL, FL 34609

New Mailing Address:

FEI Number: 74-3248790 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KIDWELL, LINDA J
3264 ST. IVES BLVD
SPRING HILL, FL 34609 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:	KIDWELL, LINDA J	
Address:	3264 ST. IVES BLVD.	
City-St-Zip:	SPRING HILL, FL 34609	
Title:	VP	( ) Delete
Name:	KIDWELL, LAWRENCE E JR.	
Address:	3264 ST. IVES BLVD.	
City-St-Zip:	SPRING HILL, FL 34609	
Title:	S	( ) Delete
Name:	BROWN, TERESA	
Address:	14059 DRYSDALE STREET	
City-St-Zip:	SPRING HILL, FL 34609	
Title:	D	( ) Delete
Name:	JOHNSON, PATRICIA	
Address:	14040 BRUNI DRIVE	
City-St-Zip:	SPRING HILL, FL 34609	
Title:	D	( ) Delete
Name:	BIERLEIN, CURTIS	
Address:	11328 PICKFORD STREET	
City-St-Zip:	SPRING HILL, FL 34609	
Title:	D	( ) Delete
Name:	BIERLEIN, JEANNITTA	
Address:	11328 PICKFORD STREET	
City-St-Zip:	SPRING HILL, FL 34609	

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: LINDA KIDWELL PRES 03/18/2009

Electronic Signature of Signing Officer or Director — Date