2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2009
Secretary of State

DOCUMENT# N08000003562

Entity Name: HEARTS FOR HAITI FOUNDATION, INC

Current Principal Place of Business:

905 E. MLK DRIVE
SUITE 220
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 985
TARPON SPRINGS, FL 34688

New Mailing Address:

FEI Number: 26-2605008 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SMILEY, EUGENE
905 E. MLK DRIVE
SUITE 220
TARPON SPRINGS, FL 34689 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:	PD	( ) Delete
Name:	SMILEY, ALLENA B DR	
Address:	905 E. MLK DRIVE, SUITE 220	
City-St-Zip:	TARPON SPRINGS, FL 34689	
Title:	VPD	( ) Delete
Name:	SMILEY, EUGENE I	
Address:	905 E. MLK DRIVE, SUITE 220	
City-St-Zip:	TARPON SPRINGS, FL 34689	
Title:	TD	( ) Delete
Name:	BOTTENBLEY, JOOST	
Address:	905 E. MLK DRIVE, SUITE 220	
City-St-Zip:	TARPON SPRINGS, FL 34689	
Title:	SD	( ) Delete
Name:	SMILEY, REGINA DR	
Address:	905 E. MLK DRIVE, SUITE 220	
City-St-Zip:	TARPON SPRINGS, FL 34689	

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:	

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: EUGENE SMILEY VPD 03/22/2009

Electronic Signature of Signing Officer or Director — Date