

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007698

FILED
Feb 21, 2009
Secretary of State

Entity Name: PROJECT HEARTFIT FOR LIFE, INC.

Current Principal Place of Business:

7331 NIGHT HERON DRIVE
LAND O LAKES, FL 34637

New Principal Place of Business:

Current Mailing Address:

7331 NIGHT HERON DRIVE
LAND O LAKES, FL 34637

New Mailing Address:

FEI Number: 26-3215386

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALIMANO, KARIN E
7331 NIGHT HERON DRIVE
LAND O LAKES, FL 34637 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: CALIMANO, KARIN E
Address: 7331 NIGHT HERON DRIVE
City-St-Zip: LAND O LAKES, FL 34637

Title: SD () Delete
Name: BURNS, THOMAS B
Address: 1507 WIMPOLE STREET
City-St-Zip: HOPEWELL, PA 15001

Title: TD () Delete
Name: CALIMANO, EMILIO A
Address: 7331 NIGHT HERON DRIVE
City-St-Zip: LAND O LAKES, FL 34637

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BURNS, THOMAS B
Address: 1507 WIMPOLE STREET
City-St-Zip: HOPEWELL, PA 15001

Title: SD (X) Change () Addition
Name: CALIMANO, EMILIO A
Address: 7331 NIGHT HERON DRIVE
City-St-Zip: LAND O LAKES, FL 34637

Title: TD (X) Change () Addition
Name: CALIMANO, KARIN E
Address: 7331 NIGHT HERON DRIVE
City-St-Zip: LAND O LAKES, FL 34637

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: KARIN E. CALIMANO

TD

02/21/2009

Electronic Signature of Signing Officer or Director

Date