2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 20, 2009
Secretary of State

DOCUMENT# N08000009001

Entity Name: ANGEL HEAR, INC

Current Principal Place of Business:

409 S MAIN ST
WILDWOOD, FL 34785

New Principal Place of Business:

Current Mailing Address:

13551 SW 103RD STREET
DUNNELLON, FL 34432

New Mailing Address:

FEI Number: 80-0268060 **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:

WALDEN, CHRISTOPHER B
409 S MAIN ST
WILDWOOD, FL 34785 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: WALDEN, CHRISTOPHER B
Address: 409 S MAIN ST
City-St-Zip: WILDWOOD, FL 34785

Title: VD ( ) Delete
Name: YANZUK, JOANN
Address: 13551 SW 103RD ST
City-St-Zip: DUNNELLON, FL 34432

Title: STD ( ) Delete
Name: WALDEN, PATTSY
Address: 409 S MAIN ST
City-St-Zip: WILDWOOD, FL 34785

Title: D ( ) Delete
Name: BITTERS, ROBERT F
Address: 1064 CEASARS COURT
City-St-Zip: MT DORA, FL 32757

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: ROBERT BITTERS D 08/20/2009
Electronic Signature of Signing Officer or Director — Date