# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 04, 2008 8:00 am**
**Secretary of State**
02-04-2008 90050 034 ****70.00

DOCUMENT # N95000001690

1. Entity Name
HEARTS AND HOPE INC.

40017391

| Principal Place of Business | Mailing Address |
|---|---|
| 317 10TH STREET<br>WEST PALM BEACH, FL 34401 US | 317 10TH STREET<br>#6<br>WEST PALM BEACH, FL 34401 US |

01072008 Chg-NP CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 65-0572315 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| CHRISTU, ERIC C<br>222 LAKEVIEW AVE., STE 1330<br>WEST PALM BEACH, FL 33401 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SWIFT, LISA<br>2251 IBIO ISLE<br>PALM BEACH, FL 33480 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>TAMMY K. FIELDS, Esq.<br>301 N. OLIVE AVE, Ste. 601<br>West Palm Beach, FL 33401 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>CHRISTU, ERIC C<br>222 LAKEVIEW AVE, STE 1330<br>WEST PALM BEACH, FL 33401 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>BRIAN R. GANTER, CPA<br>2135 S. CONGRESS AVE, Ste. 1C<br>West Palm Beach, FL 33406 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>FENTON, SHERRYE<br>570 OCEAN DRIVE #301<br>NORTH PALM BEACH, FL 33408 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>MOOK, MARY MS,LMHC<br>320 VALENCIA ROAD<br>WEST PALM BEACH, FL 33401 | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>MCCAIG, CLAUDIA<br>5787 MARBLE WOOD COURT<br>JUPITER, FL 33458 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GORDON, ANTHONY<br>255 S COUNTY RD<br>PALM BEACH, FL 33480 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** _____ TAMMY K. FIELDS 1/28/08 561-355-2592
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #