2004 NOT-FOR-PROFIT CORPORATION

May 03, 2004 8:00 am ANNUAL REPORT **Secretary of State** DOCUMENT # N96000001094 05-03-2004 91255 008 ****61.25 HEART OF DAVID INTERNATIONAL, INC. Principal Place of Business Mailing Address 776 DESOTO STREET PO BOX 680756 ORLANDO, FL 32868 US CLERMONT, FL 34711 2. Principal Place of Business 3. Mailing Address 13621 Glynshel Suite, Apt. #, etc. Suite, Apt. #, etc. 04292004 CR2E037 (10/03) Applied For City & State City & State 4. FEI Number NOT APPLICABLE Garden, Winter Not Applicable Zip 34787 Country Country \$8.75 Additional 5. Certificate of Status Desired Oronge Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Anderson, Shunda S ANDERSON, SHONDA S -Street Address (P.O. Box Number is Not Acceptable) PO BOX 683425 ORLANDO, FL 32868 Glynshel 13621 Zip Code 347 87 City Winter 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 SIGNATÓRE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be П Florida Department of State Due by May 1, 2004 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change ■ TITLE ☐ Defete TITLE ☐ Addition Anderson, Shunda S. 13621 Glynshel Drive ANDERSON, SHONDA S NAME NAME STREET ADDRESS . 776 DESOTO STREET STREET ADDRESS Winter Gordon, FL 34787 CLERMONT, FL 34711 CITY-ST-ZIP CITY-ST-ZIP VPD Delete ☐ Addition Anderson, Ralph E. NAME FOWLER, JOSHUA NAME 13621 Glynshel Drive 13949 FOX GLOVE STREET STREET ADDRESS STREET ADDRESS WINTER GARDEN, FL 34787 CITY-ST-ZIP Winter Garden, FC 34787 CITY-ST-712 ☐ Change Addition TITLE Delete TITLE Settles, Rhonda K ANDERSON, RALPH E NAME NAME 1240 S. Vineland Road, US. STREET ADDRESS 776 DESOTO STREET STREET ADDRESS Winter Gordon, R 34787 CLERMONT, FL 34711 CITY-ST-7IP CITY-ST-7IP Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

IGNATURE AND TYPED OR PRINTED NAME OF

FILED