

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001094

FILED
Apr 30, 2008
Secretary of State

Entity Name: HEART OF DAVID INTERNATIONAL, INC.

Current Principal Place of Business:

1620 LITTLE GEM LOOP
SANFORD, FL 32773 US

New Principal Place of Business:

200 E WASHINGTON STREET
MINNEOLA, FL 34755 US

Current Mailing Address:

P O BOX 952018
LAKE MARY, FL 32795 US

New Mailing Address:

P O BOX 2040
MINNEOLA, FL 34755 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, SHONDA
1620 LITTLE GEM LOOP
SANFORD, FL 32773 US

Name and Address of New Registered Agent:

ANDERSON, SHONDA
200 E WASHINGTON STREET
MINNEOLA, FL 34755 US

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: SHONDA ANDERSON

04/30/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ANDERSON, SHONDA
Address: 1620 LITTLE GEM LOOP
City-St-Zip: SANFORD, FL 32773

Title: VSTD () Delete
Name: ANDERSON, RALPH
Address: 1620 LITTLE GEM LOOP
City-St-Zip: SANFORD, FL 32773

Title: D () Delete
Name: SETTLES, RHONDA K
Address: 830 BLUE STREET
City-St-Zip: BONNE TERRE, MO 63628

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ANDERSON, SHONDA
Address: PO BOX 2040
City-St-Zip: MINNEOLA, FL 34755

Title: VSTD (X) Change () Addition
Name: ANDERSON, RALPH
Address: PO BOX 2040
City-St-Zip: MINNEOLA, FL 34755

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: RALPH ANDERSON

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04/30/2008

Electronic Signature of Signing Officer or Director

Date