

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006413

FILED
Feb 26, 2009
Secretary of State

Entity Name: SPAYD WITH HEART, INC.

Current Principal Place of Business:

6080 INDUSTRIAL BLVD.
CENTURY, FL 32535

New Principal Place of Business:

7450 PINE BARREN RD.
CENTURY, FL 32535

Current Mailing Address:

7450 PINE BARREN ROAD
CENTURY, FL 32335

New Mailing Address:

7450 PINE BARREN RD.
CENTURY, FL 32535

FEI Number: 59-3479351

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARMENTI, LORI
6080 INDUSTRIAL BLVD
CENTURY, FL 32535 US

Name and Address of New Registered Agent:

ARMENTI, LORI
7450 PINE BARREN RD.
CENTURY, FL 32535 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:

02/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ARMENTI, LORI
Address: 6080 INDUSTRIAL BLVD.
City-St-Zip: CENTURY, FL 32535

Title: VD () Delete
Name: VAN NEVEL, GEORGE
Address: 6080 INDUSTRIAL BLVD.
City-St-Zip: CENTURY, FL 32535

Title: SD () Delete
Name: ARMENTI, DEB
Address: 4904 HUNTSMAN PATH
City-St-Zip: PENSACOLA, FL 32514

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ARMENTI, LORI
Address: 7450 PINE BARREN RD.
City-St-Zip: CENTURY, FL 32535

Title: VD (X) Change () Addition
Name: VAN NEVEL, GEORGE
Address: 7450 PINE BARREN RD.
City-St-Zip: CENTURY, FL 32535

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: LORI ARMENTI

PRES

02/26/2009

Electronic Signature of Signing Officer or Director

Date