2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2009
Secretary of State

DOCUMENT# N99000006521

Entity Name: H.E.A.R.T. OF BREVARD, INC.

Current Principal Place of Business:

705 PALMER WAY
MELBOURNE, FL 32940

New Principal Place of Business:

Current Mailing Address:

705 PALMER WAY
MELBOURNE, FL 32940

New Mailing Address:

FEI Number: 59-3678476 **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:

KOENIG, HAROLD P
705 PALMER WAY
MELBOURNE, FL 32940 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: DCPM ( ) Delete
Name: KOENIG, HAROLD P
Address: 705 PALMER WAY
City-St-Zip: MELBOURNE, FL 32940

Title: DTS ( ) Delete
Name: KOENIG, BARBARA A
Address: 705 PALMER WAY
City-St-Zip: MELBOURNE, FL 32940

Title: D ( ) Delete
Name: JOHNSON, JIM
Address: 2075 HWY AIA
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: D ( ) Delete
Name: TALBOT, CHUCK
Address: 336 TAFT AVENUE
City-St-Zip: COCOA BEACH, FL 32931

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: HAROLD P. KOENIG DCPM 05/27/2009

Electronic Signature of Signing Officer or Director — Date