2008 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Mar 31, 2008 08:00 AM **DOCUMENT # P02000043358 Secretary of State** 1. Entity Name KINDRED HEARTS, INC. Principal Place of Business Mailing Address 29 HUGHES ST P.O. BOX 283 FORT WALTON BEACH, FL 32548 SHALIMAR, FL 32579 03262008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 03-0432549 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Pee Required 6. Name and Address of Current Registered Agent FERNANDEZ, CARA DO NOT WRITE 29 HUGHES STREET FORT WALTON BEACH, FL 32548 IN THIS SPACE 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. ara 3-28 -08 una SIGNATURE. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. \Box Added to Fees 10. OFFICERS AND DIRECTORS U00000876294 04/11/08-80068-005 158.75 TITLE FERNANDEZ, CARA NAME STREET ADDRESS P.O. BOX 283 CITY-ST-ZIP SHALIMAR, FL 32579 TITLE HORNBAKER, C. KEITH NAME STREET ADDRESS 6 5TH STREET CITY-ST-ZIP SHALIMAR, FL 32579 TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST-ZIP TILLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP ТПІЕ NAME STREET ADORESS CITY-ST-ZIP

12. Thereby 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 607, 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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: 3-25-05 Daytime Phone #