


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90029 049 ***158.75

DOCUMENT # P05000000634 1. Entity Name WEDDINGS FROM THE HEART, INC					
Principal Place of Business 1222 WINDSOR CIR BRANDON, FL 33510			Mailing Address 1222 WINDSOR CIR BRANDON, FL 33510		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc. 9602 Springbrook Drive		Suite, Apt. #, etc. 9602 Springbrook Drive		02142007 Chg-P CR2E034 (12/06)	
City & State Riverview, FL		City & State Riverview, FL		4. FEI Number 20-2118287	
Zip 33569		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAUCH, LORRAINE 1222 WINDSOR CIR BRANDON, FL 33510				7. Name and Address of New Registered Agent Name <u>Thomas R. Snyder</u> Street Address (P.O. Box Number is Not Acceptable) <u>9602 Springbrook Drive</u> City <u>Riverview</u> <u>FL</u> Zip Code <u>33569</u>	
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. SIGNATURE <u>Thomas R. Snyder</u> <u>Thomas R. SNYDER</u> <u>President</u> <u>3/26/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME RAUCH, LORRAINE STREET ADDRESS 1222 WINDSOR CIR CITY-ST-ZIP BRANDON, FL 33510	<input checked="" type="checkbox"/> Delete		TITLE President / TREASURER NAME Thomas R Snyder STREET ADDRESS 9602 Springbrook Dr. Riverview, FL 33569 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE Vice President / Secretary NAME Linda C. SNYDER STREET ADDRESS 9602 Springbrook Dr., Riverview, FL 33569 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby 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.					
SIGNATURE: <u>Thomas R. Snyder</u> <u>Thomas R Snyder</u> <u>3/26/07</u> <u>(813) 672-1972</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					