

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P08000072822

FILED
Apr 17, 2009
Secretary of State**Entity Name:** HEM OVER HEELS INC.**Current Principal Place of Business:**10833 S JOG ROAD
188
BOYNTON BEACH, FL 33437 US**New Principal Place of Business:****Current Mailing Address:**10833 S JOG ROAD
188
BOYNTON BEACH, FL 33437 US**New Mailing Address:****FEI Number:** 01-0910438**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GONZAGA, FATIMA D
9354 SW 3RD STREET
APT 610
BOCA RATON, FL 33428 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:** DP () Delete
Name: GONZAGA, FATIMA D
Address: 9354 SW 3RD ST. # 610
City-St-Zip: BOCA RATON, FL 33428**Title:** DVP () Delete
Name: MAYNARD, JOCELYN
Address: 9354 SW 3RD ST. # 610
City-St-Zip: BOCA RATON, FL 33428**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FATIMA D. GONZAGA

DP

04/17/2009

Electronic Signature of Signing Officer or Director_____
Date