2007 FOR PROFIT CORPORATION ANNUAL REPORT

May 01, 2007 8:00 am Secretary of State **DOCUMENT # P94000050994** 05-01-2007 90051 010 ***150.00 FLORIDA HEARTH & HOME, INC. Principal Place of Business Mailing Address **631 N. CITRUS AVENUE** 631 N. CITRUS AVENUE SUITE C CRYSTAL RIVER, FL 34428 CRYSTAL RIVER, FL 34428 04202007 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3253709 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEE, AMANDA W DO NOT WRITE 631 N. CITRUS AVENUE SUITE C IN THIS SPACE CRYSTAL RIVER, FL 34428 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME LEE, AMANDA W STREET ADDRESS 631 N. CITRUS AVENUE, SUITE C CITY-ST-ZIP CRYSTAL RIVER, FL 34428 NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-7P TITLE STREET ADORESS

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 with all other like empowered.

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP &

AMANDA W LEE

Daytime Phone #

FILED