


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # L60801 1. Entity Name HEART FAX, INC.	
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Principal Place of Business 1010 5TH AVENUE S. SUITE 300 NAPLES FL 34102 US	Mailing Address P.O. BOX 8329 NAPLES FL 34101 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number 65-0187587	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DOONER, EUGENE C 4386 SYCAMORE DRIVE NAPLES FL 34116	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	DST	
NAME	DEVLIN, ROBERT E	<input type="checkbox"/>
STREET ADDRESS	6934 RAIN LILY COURT #204	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	DCP	<input type="checkbox"/>
NAME	DOONER, EUGENE C	
STREET ADDRESS	5386 SYCAMORE DRIVE	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	DVP	<input type="checkbox"/>
NAME	TOBER, ROBERT B	
STREET ADDRESS	2240 SOUTHWIND DRIVE	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	DVP	<input type="checkbox"/>
NAME	Longbine, David L	
STREET ADDRESS	169 GOVERNOR GRANT BLVD	
CITY-ST-ZIP	LEXINGTON SC 29072	
TITLE	VPD	<input type="checkbox"/>
NAME	DOONER, JOAN E	
STREET ADDRESS	6815 GLADYS STREET	
CITY-ST-ZIP	OTTER ROCK OR 97369	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		
NAME		
STREET ADDRESS	000000725588	
CITY-ST-ZIP	05/03/07-80028-019 150.00	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Eugene C Dooner 4/20/07 Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR