2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # N93000005376

1. Entity Name
HEARTBEAT INTERNATIONAL WORLDWIDE, INC.

Principal Place of Business	Mailing Address
6800 NORTH DALE MABRY #124 TAMPA, FL 33614 US	6800 NORTH DALE MABRY #124 TAMPA, FL 33614 US

04162008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-3236060

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MICK, WIL
6800 NORTH DALE MABRY
SUITE 124
TAMPA, FL 33614

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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 _____ 4/17/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000913759
05/08/08-80029-009 70.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MCINTOSH, HENRY D
STREET ADDRESS	P. O. BOX 1788
CITY-ST-ZIP	LAKELAND, FL 33802
TITLE	C
NAME	MANISCALCO, BENEDICT S MD
STREET ADDRESS	4730 N. HABANA AVNUE, SUITE 201
CITY-ST-ZIP	TAMPA, FL 33614
TITLE	T
NAME	MOHAMMED, BASHA G
STREET ADDRESS	9 BUENA VISTA ST, ELIZABETH GARDENS
CITY-ST-ZIP	ST. JOSEPH W. INDIES, TR
TITLE	P
NAME	MICK, WIL
STREET ADDRESS	6800 N. DALE MABRY, #124
CITY-ST-ZIP	TAMPA, FL 33614
TITLE	VC
NAME	SALEM, ALBERT M JR
STREET ADDRESS	4600 W. KENNEDY BLVD STE 100
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 617, 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: _____ 4/17/08 813-243-8769
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #