


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90166 023 \*\*\*\*70.00

|  |  |   |   |   |  |
|--|--|---|---|---|--|
| <b>DOCUMENT # 720463</b><br>1. Entity Name<br><b>HEARTBEAT, INC.</b>   |  |   |   |    |  |
| Principal Place of Business<br><b>162 FAIRWAY HILLS<br/>P.O. BOX 228<br/>WAYNESVILLE NC 28786<br/>US</b>   |  |   | Mailing Address<br><b>162 FAIRWAY HILLS<br/>P. O. BOX 228<br/>WAYNESVILLE NC 28786<br/>US</b>   |   |  |
| 2. Principal Place of Business   |  | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |   |   |  |
| City & State   |  | City & State  |   |   |  |
| Zip  | Country  | Zip   | Country   | 4. FEI Number <b>NO-T APPLICABLE</b> <div style="float: right; border: 1px solid black; padding: 2px;">           Applied For<br/>Not Applicable         </div> |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |   |   | 1st MOORE      CR2E037 (10/05)  |  |
| 6. Name and Address of Current Registered Agent  |  |   | 7. Name and Address of New Registered Agent   |   |  |
| <b>TYLER, SARAH<br/>4708 CENTER DRIVE<br/>TALLAHASSEE FL 32310</b><br><br><i>Change of Address</i>   |  |   | Name <b>SARAH TYLER</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>301 E. CAROLINA STREET</b><br><b># 704</b><br>City <b>TALLAHASSEE</b> <b>FL</b> Zip Code <b>32301</b> |   |  |
| 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 _____<br><small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting) DATE</small>  |  |   |   |   |  |
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2006</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |   | <b>Make Check Payable to<br/>Florida Department of State</b>  |  |
| 10. OFFICERS AND DIRECTORS   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>SD<br/>PURVIS, SUSAN H.<br/>162 FAIRWAY HILLS<br/>WAYNESVILLE NC</b> <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>VD<br/>PURVIS, THOMAS G.<br/>162 FAIRWAY HILLS<br/>WAYNESVILLE NC</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>PD<br/>PURVIS, NANCY P<br/>162 FAIRWAY HILLS<br/>WAYNESVILLE NC</b> <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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 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 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: <i>Thomas G. Purvis</i> <b>Thomas G. Purvis</b> <i>2/28/06</i> <b>828-456-3628</b>  |  |   |   |   |  |