
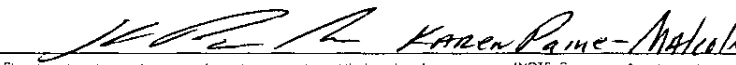


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90041 026 ****70.00

| | | | |
|---|---|--|--|
| DOCUMENT # 725671 1. Entity Name SHEOAH HIGHLANDS, INC. | |  | |
| Principal Place of Business 70 SHEOAH BLVD., #42 WINTER SPRINGS FL 32708 | | Mailing Address P.O. BOX 195771 WINTER SPRINGS FL 32708 | |
| 2. Principal Place of Business - No P.O. Box # 680 West SR 434 Suite, Apt. #, etc. Suite 101 | | 3. Mailing Address P.O. Box 195771 Suite, Apt. #, etc. | |
| City & State Winter Springs FL | | City & State Winter Springs FL | |
| Zip 32708 | Country USA | Zip 32719-5771 | Country |
| 4. FEI Number 59-1900323 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PAINE-ANDERSON PROPERTIES, INC. 680 W.S.R. 434 WINTER SPRINGS FL 32708 | | 7. Name and Address of New Registered Agent | |
| Name | | Street Address (P.O. Box Number is Not Acceptable) | |
| City | | FL Zip Code | |
| 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  | | DATE 3/30/07 | |
| Signature, typed or printed name of registered agent and title if applicable | | (NOTE: Registered Agent signature required when reinstating) | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | Make Check Payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PT HAMILTON, VIKI 50 MONREE LOOP #29 WINTER SPRINGS FL 32708 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D THOMAS, PETE 20 SHEOAH BLVD # 16 WINTER SPRINGS FL 32708 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D MELONE, MARCIA 70 SHEOAH BLVD #42 WINTER SPRINGS FL 32708 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D RHYDDERCH, LEE 40 SHEOAH BLVD #29 WINTER SPRINGS FL 32708 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD HAMILTON, SANDRA 60 SHEOAH BLVD #39 WINTER SPRINGS FL 32708 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| | | VP Conrad, Ed 80-4 Moree Loop Winter Springs FL 32708 | |



1st MOORE CR2E037 (10/06)

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:  3-30-07 4076957898
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #