2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F06000001944

1. Entity Name
FIRST HEARTLAND CAPITAL, INC.

Principal Place of Business	Mailing Address
1839 LAKE ST LOUIS BLVD LAKE ST LOUIS, MO 63367	1839 LAKE ST LOUIS BLVD LAKE ST LOUIS, MO 63367

DO NOT WRITE IN THIS SPACE

01162007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
43-1635588	Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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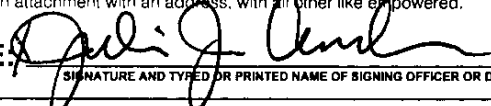Trust Fund Contribution.   ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	CP
NAME	HOFF, DAVID M
STREET ADDRESS	1839 LAKE ST LOUIS BLVD
CITY-ST-ZIP	LAKE ST LOUIS, MO 63367

TITLE	VCVP
NAME	ANDERSON, JULIUS J
STREET ADDRESS	1839 LAKE ST LOUIS BLVD
CITY-ST-ZIP	LAKE ST LOUIS, MO 63367

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/25/07-80016-009 150.00

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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 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: _____   V. P.   1/16/07   636-625-0900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #