2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007066

Entity Name: HERITAGE INNOVATIVE SOLUTIONS, INC.

FILED Apr 26, 2008 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:		
	SPRING DRI IVILLE, FL 32:					
Current Mailing Address:				New Mailing Address:		
	SPRING DRI IVILLE, FL 32:			PO BOX 37678 JACKSONVILLE, FL 32236 US		
FEI Number:	: 20-5222763	FEI Number Applied For ()	FEI Number Not Ap	oplicable () C	ertificate of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
CONRAD, ROBERT 987 DEER SPRING DRIVE JACKSONVILLE, FL 32221 US				CONRAD, ROBERT E PTD 987 DEER SPRING DRIVE JACKSONVILLE, FL 32221 US		
	named entity e of Florida.	submits this statement for the	purpose of changing	g its registered offic	ee or registered agent, or both,	
SIGNATURE: ROBERT E. CONRAD				04/26/2008		
	Electro	nic Signature of Registered Ag	ent		Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PTD (CONRAD, ROE 987 DEER SPI JACKSONVILL	RING DRIVE	Title: Name: Address: City-St-Zip	. ,	nange ()Addition	
Title: Name: Address: City-St-Zip:	VSD (CONRAD, MAF 987 DEER SPI JACKSONVILL	RING DRIVE	Title: Name: Address: City-St-Zip	. ,	nange () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT E. CONRAD PTD 04/26/2008