


.2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # F85433 1. Entity Name PRINTING BY HEARN, INC.	
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Principal Place of Business % WILLIAM H HEARN 5051 TOZOUR ROAD FT PIERCE FL 34946	Mailing Address % WILLIAM H HEARN 5051 TOZOUR ROAD FT PIERCE FL 34946
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/07)

City & State	4. FEI Number 59-2217046
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Applied For
Not Applicable

Zip	Country	Zip	Country
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent HEARN, WILLIAM H 5051 TOZOUR ROAD FT PIERCE FL 34946	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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 _____

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	VD	
NAME	DEBORAH, SHANNON D	
STREET ADDRESS	5051 TOZOUR ROAD	
CITY-ST-ZIP	FT. PIERCE FL 34946	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HEARN, WILLIAM H	
STREET ADDRESS	5051 TOZOUR ROAD	
CITY-ST-ZIP	FT. PIERCE FL 34946	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HEARN, JEANNE	
STREET ADDRESS	5051 TOZOUR ROAD	
CITY-ST-ZIP	FT. PIERCE FL 34946	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HEARN, EDWARD J	
STREET ADDRESS	5051 TOZOUR ROAD	
CITY-ST-ZIP	FT. PIERCE FL 34946	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HEARN, THOMAS HENRY	
STREET ADDRESS	5051 TOZOUR ROAD	
CITY-ST-ZIP	FT. PIERCE FL 34946	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	U00000794209	
NAME		
STREET ADDRESS	01/25/08-80040-011 150.00	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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: Jeanne Hearn, Sec. Tres 1/22/08 (772) 461-7526

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