

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000005333

FILED
Jun 29, 2009
Secretary of State

Entity Name: HEARTHSTONE ADVISORS, INC.

Current Principal Place of Business:

16133 VENTURA BLVD.
STE 1400
ENCINO, CA 91436 US

New Principal Place of Business:

Current Mailing Address:

16133 VENTURA BLVD.
SUITE 1400
ENCINO, CA 91436

New Mailing Address:

FEI Number: 94-3160302 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: BRUIN, TOM
Address: 220 N SMITH ST STE 406
City-St-Zip: BARRINGTON, IL 60010

Title: COO () Delete
Name: BUEROSSE, MARCUS
Address: 220 N SMITH ST STE 406
City-St-Zip: PALATINE, IL 60067

Title: EVPD () Delete
Name: PORATH, MARK
Address: 16133 VENTURA BLVD., #1400
City-St-Zip: ENCINO, CA 91436

Title: EVPD (X) Delete
Name: CARVER, TRACY
Address: 781 LINCOLN AVE., STE. 300
City-St-Zip: SAN RAFAEL, CA 94901

Title: SVPD (X) Delete
Name: BOTTE, ANTHONY
Address: 440 STEVENS AVE STE 100
City-St-Zip: SOLANA BEACH, CA 92075

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PORATH, MARK A PD
Address: 16133 VENTURA BLVD, SUITE 1400
City-St-Zip: ENCINO, CA 91436

Title: EVPD (X) Change () Addition
Name: CARVER, TRACY T EVPD
Address: 781 LINCOLN AVE, SUITE 300
City-St-Zip: SAN RAFAEL, CA 94901

Title: SVPD (X) Change () Addition
Name: BOTTE, ANTHONY J
Address: 440 STEVENS AVE STE 100
City-St-Zip: SOLANA BEACH, CA 92075

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARK A. PORATH

PD

06/29/2009

Electronic Signature of Signing Officer or Director

Date