

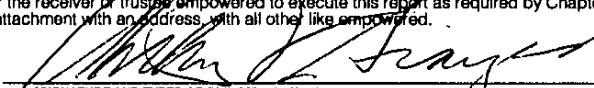


FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # G92060 1. Entity Name HENART, INC.				Jan 18, 2008 08:00 Secretary of State	
Principal Place of Business C/O ARTHUR N. EGGERS P. O. BOX 1407 THONOTOSASSA, FL 33592		Mailing Address C/O ARTHUR N. EGGERS P. O. BOX 1407 THONOTOSASSA, FL 33592			
DO NOT WRITE IN THIS SPACE					
				01092008 No Chg-P CR2E034 (11/05)	
				4. FEI Number 59-2389975	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EGGERS, ARTHUR N. 806 JACKSON STREET TAMPA, FL 33602				DO NOT WRITE IN THIS SPACE	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		000000789530 01/22/08-80029-010 150.00	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DP SCARPO, ARTHUR 8707 W. KNIGHTS GRIFFIN RD. PLANT CITY, FL			
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					
TITLE 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 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: 		1/16/08 813-986-5420			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			