2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Fred Heideman

SIGNING OFFICER OR DIRECTOR

Feb 19, 2007 8:00 am DOCUMENT # H86823 **Secretary of State** 1. Entity Name 02-19-2007 90061 047 ***150.00 AVATARA QUILTING CORP. Principal Place of Business Mailing Address 720 S SOUTHLAKE DR 720 S SOUTHLAKE DR HOLLYWOOD FL 33019 HOLLYWOOD FL 33019 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 59-2403607 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HEIDEMANN, FRED 520 S DIXIE HWY HALLANDALE FL 33009 Southlake Dr. 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. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, mu Delete TITEL ☐ Addition Fred Heidemann HEIDEMANN, FRED NAME NAM 520 SO DIXIE HWY STREET ADDRESS 720 S South lake Dr Holly wood FL 33019 STREET ADDRESS HALLANDALE FL CHY-St-ZIP CITY ST ZIP HILL ☐ Delete THILL Change Addition NAMI NAMI STREET ADDRESS STREET ADDRESS CHY-SI-7IP CHY ST ZIP ☐ Delete ши ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY ST 7/P CITY ST 7IP HHE ☐ Delete Addition NAMI NAMI STREET ADDRESS STREET ADDRESS CHY-SI-7IP CHY ST ZIP Delete min Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-7(P CITY ST AP ma Delete TITLE ☐ Change Addition NAMI NAM STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY ST-AIP I hereby certify that the information supplied with this filling 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 eath; 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.

FILED