2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 08:00 AM Secretary of State DOCUMENT # K66970 1. Entity Name MATT HEUER & ASSOCIATES, INC. Principal Place of Business Mailing Address 784 US HWY 1 784 US HWY 1 SUITE 19 SUITE 19 NORTH PALM BEACH, FL 33408 NORTH PALM BEACH, FL 33408 US CR2E034 (11/05) 04202006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0118771 Not Applicat \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HEUER, MATT DO NOT WRITE 784 US HWY 1 SUITE 19 IN THIS SPACE NORTH PALM BEACH, FL 33408 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accethe obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE U00000547579 HEUER, MATTHEW S NAME 05/12/06-80030-011 150.90 STREET ADDRESS 1012 BEDFORD AVE PALM BEACH GARDENS, FL 33403 CITY-\$1-27 TITLE MAMI STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS City-St-ZIP TILLE NAME STREET ADDRESS CITY-ST-ZIP TITLE,

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the informatic 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 direct 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 1 changed or on a state-printing and true. of the corporation or the recei changed, or on an attachmen all other like empowered

SIGNATURE

NAME STREET ADDRESS CITY-ST-ZIP