2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 20, 2007 08:00 A tate

| ANNOAL KLI OKI | | | 10 / |
|--|--|--|---|
| DOCUMENT # L99083 1. Entity Name HEARTLAND BUSINESS SERVICES, INC. | | | Secretary of S |
| Principal Place of Business 4640 SOUTHSIDE BLVD SEBRING, FL 33870 US | Mailing Address 4640 SOUTHSIDE BLVD SEBRING, FL 33870 US | | |
| DO NOT WR | TE IN THIS SPA | ACE | 04162007 No Chg-P CR2E034 (11/05) 4. FEI Number |
| ROWE, BLAKE W. 4640 SOUTHSIDE BLVD SEBRING, FL 33870 | | | DO NOT WRITE IN THIS SPACE |
| 8. The above named entity submits this state the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent. FILE NOWILL FEE IS \$150.4 After May 1, 2007 Fee will be \$ | ed agent and tille if applicable (NOTE, Regis | stered Agent signature required inancing \$5 | red agent, or both, in the State of Florida I am familiar with, and accept d when renstating) DATE .00 May Be led to Fees |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP SEBRING, FL 33870 TITLE NAME STREET ADDRESS CITY-ST-ZIP | S AND DIRECTORS | | 05/01/07-80075-022 150.00 DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS | | | |

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.

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-07

863-365-1052