2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006839

Entity Name: HEART CAMP, INC.

FILED Mar 22, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5750 CANTON COVE WINTER SPRINGS, FL 32708

Current Mailing Address: New Mailing Address:

PO BOX 2226 GOLDENROD, FL 327332226

FEI Number: 54-2073872 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LEFKOWITZ, IVAN M ESQ 430 NORTH MILLS AVE ORLANDO, FL 32803 U

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:

Fladeric Construct David and American

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PTD () Delete
 Title:
 PTD (X) Change () Address:

 Name:
 WALKER, STEVEN
 Name:
 WALKER, STEVEN

 Address:
 1362 SCHOONER CT
 Address:
 1452 HOLT'S GROVE CIRCLE

 City-St-Zip:
 WINTER SPRINGS, FL 32708
 City-St-Zip:
 WINTER PARK, FL 32789

Title: VSD () Delete Title: VSD (X) Change () Addition Name: WALKER, LISA Name: WALKER, LISA

Address: 1362 SCHOONER CT Address: 1452 HOLT'S GROVE CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete Title: () Change () Addition

 Name:
 NASSIS, CHARLOTTE
 Name:

 Address:
 3408 YOUNG ST
 Address:

 City-St-Zip:
 WINTER PARK, FL 32792
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN WALKER PTD 03/22/2005