


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90350 022 ****61.25

DOCUMENT # N03000003853	
1. Entity Name HEARTBEAT INTERNATIONAL, INC.	

Principal Place of Business 3049 KNOTTY PINE DRIVE PENSACOLA, FL 32505	Mailing Address 3049 KNOTTY PINE DRIVE PENSACOLA, FL 32505
--	--

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

14015579



01072004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent	
FRANKS-BROWN, WANDA 3049 KNOTTY PINE DRIVE PENSACOLA, FL 32505	

4. FEI Number 57-1167172	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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	DATE

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
---	---	---------------------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANKS-BROWN, WANDA	NAME	
STREET ADDRESS	3049 KNOTTY PINE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 32505	CITY-ST-ZIP	
TITLE	AD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, ERNEST L	NAME	
STREET ADDRESS	3049 KNOTTY PINE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 32505	CITY-ST-ZIP	
TITLE	STD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMS, KEITH	NAME	
STREET ADDRESS	511 E GOVERNMENT	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL	CITY-ST-ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LILLEY, DEBBIE	NAME	
STREET ADDRESS	3888 SAIL WIND DRIVE	STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE, FL	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(i), 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 617, 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: <i>Wanda Franks-Brown</i> WANDA FRANKS-BROWN	4-19-04 Date
	850/475-5744 Daytime Phone #