## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 28, 2005 8:00 am **Secretary of State** DOCUMENT # NG3000003853 1. Entity Name 02-28-2005 90219 039 \*\*\*\*61.25 HEARTBEAT INTERNATIONAL, INC. Principal Place of Business Mailing Address 3049 KNOTTY PINE DRIVE PENSACOLA FL 32505 3049 KNOTTY PINE DRIVE PENSACOLA FL 32505 50013014 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 57-1167172 Not Applicable Žip Country 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 Name FRANKS-BROWN, WANDA Street Address (P.O. Box Number is Not Acceptable) 3049 KNOTTY PINE DRIVE PENSACOLA FL 32505 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Delete TITLE TITLE Change \_\_\_ Addition FRANKS-BROWN, WANDA NAME NAME 3049 KNOTTY PINE DRIVE STREET ADDRESS STREET ADDRESS PENSACOLA FL 32505 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition BROWN, ERNEST L NAME MAME 3049 KNOTTY PINE DRIVE STREET ADDRESS STREET ADDRESS PENSACOLA FL 32505 CITY-ST-ZIP CITY-ST-ZIP STD Delete TITLE TITLE MARK WELLS SIMS, KEITH 3113 Hotch KISSLAN 511 E GOVERNMENT STREET\_ADORESS\_ STREET\_ADDRESS PENSACOLA FL TALL. FL CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Defete TITLE ☐ Change 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(3)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/06

FILED

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