

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007057

FILED  
Apr 07, 2005  
Secretary of State

Entity Name: HEART WISDOM CREATIVE GROUP, INC.

**Current Principal Place of Business:**

10801 SW 51 CT  
FT LAUDERDALE, FL 33328

**New Principal Place of Business:**

**Current Mailing Address:**

10801 SW 51 CT  
FT LAUDERDALE, FL 33328

**New Mailing Address:**

FEI Number: 57-1184670

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FRIED, JOANNE  
10801 SW 51 CT  
FT LAUDERDALE, FL 33328 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: FRIED, JOANNE  
Address: 10801 SW 51 CT  
City-St-Zip: FT LAUDERDALE, FL 33328

Title: D ( ) Delete  
Name: FRIED, STEVEN  
Address: 10801 SW 51 CT  
City-St-Zip: FT LAUDERDALE, FL 33328

Title: D ( ) Delete  
Name: OWENS, KATHY  
Address: 1051 SW 98 ST  
City-St-Zip: PEMBROKE PINES, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: JOANNE FRIED

D

04/07/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date