2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 27, 2007 08:00 A Secretary of State DOCUMENT # N04000006255 FLORIDA HERITAGE-ART FUND, INC. Principal Place of Business Mailing Address 3998 C.R. 309 P.O. BOX 761 LAKE PANASOFFKEE, FL 33538 US LAKE PANASOFFKEE, FL 33538 US 04252007 No Chg-NP CR2E037 (4/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1225658 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SUTTON, KATHERINE DO NOT WRITE 3998 C.R. 309 LAKE PANASOFFKEE, FL 33538 IN THIS SPACE 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 Signsture typed or printed name of registered agent and title if applicable (NOTE: Registered Agent imposture required when reinstating) 9. Election Campaign Financing \$5.00 May Be Filing Fee Is \$61.25 Trust Fund Contribution. Added to Fees Due by May 1, 2007 10. OFFICERS AND DIRECTORS TITLE NAME TATLER-BURGESS, ANDREW STREET ADDRESS P O BOX 761 CITY-51-7/P LAKE PANASOFFKEE, FL-33538 (400000738873 TITLE 05/14/07-80002-008 61:25 NAME SUTTON, A. KATHERINE STREET ADDRESS P O BOX 761 CITY-ST-ZIP LAKE PANASOFFKEE, FL 33538 TITLE NAME KOELEWIJN, EDMUND STREET ADDRESS P O BOX 761 DO NOT WRITE CITY-ST-ZIP LAKE PANASOFFKEE, FL 33538 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if the property of the receiver of 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

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: