

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001989

FILED  
Jan 25, 2006  
Secretary of State

**Entity Name:** MATTERS OF THE HEART OF THE PALM BEACHES, INC.

**Current Principal Place of Business:**

700 VENICE CIRCLE APT 103  
LAKE PARK, FL 33403

**New Principal Place of Business:**

**Current Mailing Address:**

700 VENICE CIRCLE APT 103  
LAKE PARK, FL 33403

**New Mailing Address:**

**FEI Number:** 42-1661527

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NOTTAGE, MARY  
700 VENICE CIRCLE APT 103  
LAKE PARK, FL 33403 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: NOTTAGE, MARY  
Address: 700 VENICE CIRCLE APT 103  
City-St-Zip: LAKE PARK, FL 33403

Title: D ( ) Delete  
Name: WILLIAMS, PAMELA  
Address: 1555 W 8 STREET APT N104  
City-St-Zip: RIVIERA BEACH, FL 33404

Title: D ( ) Delete  
Name: SHABAZZ, PRECIOUS  
Address: 1011 INDIAN TRACE CIRCLE BLDG 10 APT 206  
City-St-Zip: WEST PALM BEACH, FL 33407

**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 Chapter 119, 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: MARY NOTTAGE

D

01/25/2006

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

\_\_\_\_\_  
Date