


2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000001989	
1. Entity Name MATTERS OF THE HEART OF THE PALM BEACHES, INC.	

Principal Place of Business 700 VENICE CIRCLE APT 103 LAKE PARK, FL 33403	Mailing Address 700 VENICE CIRCLE APT 103 LAKE PARK, FL 33403
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DO NOT WRITE IN THIS SPACE



03212007 No Chg-NP CR2E037 (4/06)

4. FEI Number 42-1661527	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NOTTAGE, MARY 700 VENICE CIRCLE APT 103 LAKE PARK, FL 33403

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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: *Mary Crawford Nottage* DATE: 3/21/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000677197 03/30/07-80095-008 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NOTTAGE, MARY 700 VENICE CIRCLE APT 103 LAKE PARK, FL 33403
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, PAMELA 1555 W 8 STREET APT N104 RIVIERA BEACH, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHABAZZ, PRECIOUS 1011 INDIAN TRACE CIRCLE BLDG 10 APT 206 WEST PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mary Crawford Nottage* *Mary Crawford Nottage* 3/21/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #