## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000008789

FILED Sep 05, 2007 Secretary of State

Entity Name: VICKIE O! HERITAGE PRODUCTIONS, INC.

	Principal Place of Business:	New Principal P	lace of Business:
10119 419	BT COURT EAST	•	
	, FL 34219		
Current Mailing Address:		New Mailing Address:	
	ST COURT EAST , FL 34219		
n accordar	r: 20-3462109         FEI Number Applied For ( )             FEI note with s. 607.193(2)(b), F.S., the corporation did not received Address of Current Registered Agent:		) Certificate of Status Desired ( )
10119 418	VICKIE J BT COURT EAST , FL 34219 US		
	e named entity submits this statement for the purpos e of Florida.	e of changing its regis	stered office or registered agent, or both
SIGNATU	RE:		
	Electronic Signature of Registered Agent		Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CH	ANGES TO OFFICERS AND DIRECTO
Title:	DV ( ) Delete OLDHAM, SHARON	Title:	() Change () Addition
Address:	11309 COCOA BEACH DR RIVERVIEW, FL 33560	Name: Address: City-St-Zip:	
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	11309 COCOA BEACH DR	Address:	()Change ()Addition
Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	11309 COCOA BEACH DR RIVERVIEW, FL 33560  P () Delete OLDHAM, VICKIE J 10119 41ST COURT EAST	Address: City-St-Zip: Title: Name: Address:	( ) Change ( ) Addition ( ) Change ( ) Addition
Address: City-St-Zip: Title: Name: Address:	11309 COCOA BEACH DR RIVERVIEW, FL 33560  P ( ) Delete OLDHAM, VICKIE J 10119 41ST COURT EAST PARRISH, FL 34219  D ( ) Delete HARDAWAY, LARRY PO BOX 1066	Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	
Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Address: Address:	11309 COCOA BEACH DR RIVERVIEW, FL 33560  P ( ) Delete OLDHAM, VICKIE J 10119 41ST COURT EAST PARRISH, FL 34219  D ( ) Delete HARDAWAY, LARRY PO BOX 1066 BARTOW, FL 33831  DT ( ) Delete MCCORD, ELZIE 7448 ELEANOR CIRCLE	Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	()Change()Addition

I hereby certify that the information supplied with this filing does not qualify 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: SONYA WATERHOUSE DS 09/05/2007