2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2008
Secretary of State

DOCUMENT# N05000009054

Entity Name: HERITAGE - ART OF LIVIN' INC.

Current Principal Place of Business:

518 THIRD AVENUE, SOUTH
SUITE 903
ST. PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

518 THIRD AVENUE, SOUTH
SUITE 903
ST. PETERSBURG, FL 33701

New Mailing Address:

FEI Number: 31-1620177 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAXWELL, GLORIA F
518 THIRD AVENUE, SOUTH
SUITE 903
ST. PETERSBURG, FL 33701 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: PRES ( ) Delete
Name: JONES, NORMAN E
Address: 518 THIRD AVENUE, SOUTH - SUITE 903
City-St-Zip: ST. PETERSBURG, FL 33701 US

Title: VP ( ) Delete
Name: MAXWELL, GLORIA F
Address: POST OFFICE BOX 10221
City-St-Zip: ST. PETERSBURG, FL 337377 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: GLORIA MAXWELL V 01/03/2008

Electronic Signature of Signing Officer or Director — Date