

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90199 033 \*\*\*\*61.25

<b>DOCUMENT # N05000010404</b>					
<b>1. Entity Name</b> HEATHROW HEARTSTARTERS, INC.					
<b>Principal Place of Business</b> 7100 S. HWY 17-92 FERN PARK, FL 32730			<b>Mailing Address</b> 7100 S. HWY 17-92 FERN PARK, FL 32730		
<b>2. Principal Place of Business</b> 1226 E. LANGLEY CT Suite, Apt. #, etc.		<b>3. Mailing Address</b> 1226 E. LANGLEY CT Suite, Apt. #, etc.			
<b>City &amp; State</b> HEATHROW FL		<b>City &amp; State</b> HEATHROW FL		<b>4. FEI Number</b> 20-3646625	
<b>Zip</b> 32746		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> MORRISON, WILLIAM H 7100 S. HWY 17-92 FERN PARK, FL 32730			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>D</b> ARNOLD, MORRIE 1226 E. LANGLEY CT. HEATHROW, FL 32746	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	(D) ARNOLD, MORRIE 1226 E. LANGLEY CT HEATHROW, FL 32746	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>D</b> PALOMBI, LAWRENCE M 394 WINSFORD CT. LAKE MARY, FL 32746	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	(D) PALOMBI, LAWRENCE M 394 WINSFORD CT LAKE MARY, FL 32746	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>D</b> KREMONAS, JOE 676 STONEFIELD LOOP HEATHROW, FL 32746	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	(D) ABATE, JR. EDMUND 1275 PRINCE CT HEATHROW, FL 32746	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	(D) GARGANO, TONY 469 DEVON PL HEATHROW FL 32746	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	(D) COLTON, FRED 344 ASHFORD CT. HEATHROW, FL 32746	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	(D) GOOD, ROBERT 1282 REGENCY PL HEATHROW FL 32746	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b> _____ <b>EDMUND ABATE, JR</b> <b>4/20/06</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

## ATTACHMENT

BLOCK 11- CONTINUED - ADDITIONS TO DIRECTORS

D.

VAN WYE, JANE  
1275 GLEN CANNON CT  
HEATHROW FL, 32746

40063592  
# N05000010404

D

SELBY, TOM

LAKE MARY, FL 32746

D

BOEBINGER, JIM  
944 VERSAILLES CIR  
MAITLAND, FL 32751

D

BOHLKEN, ROSS  
677 OSWEGO CT  
WINTER SPRINGS, FL