

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010404

FILED  
Jan 11, 2007  
Secretary of State

Entity Name: HEATHROW HEARTSTARTERS, INC.

**Current Principal Place of Business:**

1226 E. LANGLEY CT  
HEATHROW, FL 32746

**New Principal Place of Business:**

**Current Mailing Address:**

1226 E. LANGLEY CT  
HEATHROW, FL 32746

**New Mailing Address:**

FEI Number: 20-3646625

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MORRISON, WILLIAM H  
7100 S. HWY 17-92  
FERN PARK, FL 32730 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: MORRIE, ARNOLD  
Address: 1226 E. LANGLEY CT  
City-St-Zip: HEATHROW, FL 32746

Title: D ( ) Delete  
Name: PALOMDI, LAWRENCE M  
Address: 394 WINSTORD CT  
City-St-Zip: LAKE MARY, FL 32746

Title: D ( ) Delete  
Name: COLTON, FREDERIC  
Address: 344 ASHFORD COURT  
City-St-Zip: HEATHROW, FL 32746

Title: D ( ) Delete  
Name: MORRISON, WILLIAM H  
Address: 7100 S. HIGHWAY 17-92  
City-St-Zip: FERN PARK, FL 32730

**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:

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: WILLIAM H. MORRISON

D

01/11/2007

Electronic Signature of Signing Officer or Director

Date