2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012446

Address:

City-St-Zip:

25-30 46 STREET, 1ST FLOOR

ASTORIA, NY 11103

HEAVEN ON EARTH COMMUNITY INC

FILED Apr 30, 2007 Secretary of State

Entity Name: HEAVEN ON EARTH COMMUNITY, INC. **Current Principal Place of Business: New Principal Place of Business:** 10821 N. GOLFVIEW DRIVE PEMBROKE PINES, FL 33026 **Current Mailing Address: New Mailing Address:** 10821 N. GOLFVIEW DRIVE PEMBROKE PINES, FL 33026 FEI Number: 20-8001128 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHAJUA, LUZIA 10821 N. GOLFVIEW DRIVE PEMBROKE PINES, FL 33026 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete CHAJUA, LUZIA Name: Name: 10821 N. GOLFVIEW DRIVE Address: Address: City-St-Zip: PEMBROKE PINES, FL 33026 City-St-Zip: Title: () Delete Title: SEC (X) Change () Addition Name: CHAJUA, SHUKREE A Name: RODRIGUEZ, KARINA L Address: 10821 N. GOLFVIEW DRIVE Address: 10821 N. GOLFVIEW DRIVE City-St-Zip: PEMBROKE PINES, FL 33026 City-St-Zip: PEMBROKE PINES, FL 33026 Title: SEC (X) Delete Title: () Change () Addition MCPHERSON, MELISSA Name: Name: Address: 2445 N LORRAINE STREET Address: City-St-Zip: WICHITA, KS 67219 City-St-Zip: Title: **TRES** () Delete Title: () Change () Addition Name: CAVALLO, ALESSANDRO Name:

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.

Address:

City-St-Zip:

SIGNATURE: LUZIA CHAJUA P 04/30/2007