2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# N07000009473

Entity Name: HERITAGE TNT INC.

Current Principal Place of Business:

20530 NW 7TH STREET
PEMBROKE PINES, FL 330293469

New Principal Place of Business:

Current Mailing Address:

20530 NW 7TH STREET
PEMBROKE PINES, FL 330293469

New Mailing Address:

FEI Number: 33-1209321 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KELLY-PRESCOTT, ROSE
20530 NW 7TH STREET
PEMBROKE PINES, FL 330293469 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:	PD	( ) Delete
Name:	KELLY-PRESCOTT, ROSE	
Address:	20530 NW 7TH STREET	
City-St-Zip:	PEMBROKE PINES, FL 330293469	
Title:	VD	( ) Delete
Name:	GONSALVES, DENISIA	
Address:	20530 NW 7TH STREET	
City-St-Zip:	PEMBROKE PINES, FL 330293469	
Title:	TD	( ) Delete
Name:	GONSALVES, ROBERT	
Address:	20530 NW 7TH STREET	
City-St-Zip:	PEMBROKE PINES, FL 330293469	
Title:	SD	( ) Delete
Name:	SKINNER, HULDAH	
Address:	17451 SW 33RD STREET	
City-St-Zip:	MIRAMAR, FL 33029	
Title:	D	( ) Delete
Name:	PRESCOTT, MERRILL E	
Address:	20530 NW 7TH STREET	
City-St-Zip:	PEMBROKE PINES, FL 330293469	
Title:	D	( ) Delete
Name:	APPOO, CHERYL	
Address:	20823 NW 2ND STREET	
City-St-Zip:	PEMBROKE PINES, FL 33029	

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:	
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: MERRILL E, PRESCOTT D 04/29/2009

Electronic Signature of Signing Officer or Director — Date