


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2007 8:00 am
Secretary of State

01-26-2007 90044 028 ****61.25

DOCUMENT # N34892	
1. Entity Name HEATHER NEIGHBORHOOD CRIME WATCH, INC.	

Principal Place of Business 9100 NAKOMA WAY BROOKSVILLE FL 34613	Mailing Address 9100 NAKOMA WAY BROOKSVILLE FL 34613
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2. Principal Place of Business - No P.O. Box # 9100 NAKOMA WAY Suite, Apt. #, etc.	3. Mailing Address 9100 NAKOMA WAY Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State BROOKSVILLE FL.	City & State BROOKSVILLE FL.
Zip 34613	Country HERNANDO

4. FEI Number 59-3009194	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TREMBATH, STEPHEN 8000 VICTORIA WAY WEEKI WACHEE FL 34613	7. Name and Address of New Registered Agent Name ERNEST F. RAIMONDI Street Address (P.O. Box Number is Not Acceptable) 7239 GALLOWAY Rd. City WEEKI WACHEE FL Zip Code 34613
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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.

SIGNATURE Ernest F. Raimondi (NOTE: Registered Agent signature required when reinstating) DATE JAN 23-2007

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TREMBATH, STEVE 8000 VICTORIA WAY WEEKIWACHEE FL 34613 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	B LAGRECO, MICHAEL 7424 HEATHER WALK DR WEEKIWACHEE FL 34613 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TRES RAMONDI, EARNS 7239 GALLOWAY RD WEEKI WACHEE FL 34613 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: Ernest F. Raimondi DATE JAN 23/07 352 597 9054
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #