2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005376

FILED Jan 06, 2006 Secretary of State

Entity Name: HEARTBEAT INTERNATIONAL WORLDWIDE, INC.

Current Pr	rincipal Place	of Business:	New Principal Plac	e of Business:
	TH DALE MAB	RY		
#124 TAMPA, FL	_ 33614 US	3		
Current Ma	ailing Addres	s:	New Mailing Addre	ess:
5800 NOR	TH DALE MAB	RY		
#124 TAMPA, FL	_ 33614 US	3		
,	59-3236060	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
Name and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
SUITE 124	TH DALE MAB 33614 US			
		uch mita thia atatamant far tha n	urnaca of changing itc register	red office or registered agent, or both
	named entity s of Florida.	submits this statement for the p	urpose or changing its register	red office of registered agent, or both,
n the State	of Florida.	submits this statement for the p	urpose of changing its register	red office of registered agent, or both,
n the State	e of Florida. RE:	ic Signature of Registered Age		Date
n the State SIGNATUF	e of Florida. RE:	ic Signature of Registered Age	nt	
n the State SIGNATUF	e of Florida. RE: Electron S AND DIREC	ic Signature of Registered Age TORS: Delete NRY D	nt	Date
n the State SIGNATUR OFFICERS Title: Name: Address:	E of Florida. RE: Electron B AND DIREC D () MCINTOSH, HE P. O. BOX 1788 LAKELAND, FL C () MANISCALCO,	ic Signature of Registered Age TORS: Delete NRY D 33802 Delete BENEDICT S MD A AVNUE, SUITE 201	nt ADDITIONS/CHANG Title: Name: Address:	Date GES TO OFFICERS AND DIRECTORS
n the State SIGNATUR OFFICERS Fitle: Name: Address: City-St-Zip: Vame: Name: Address:	E of Florida. RE: Electron B AND DIREC D () MCINTOSH, HE P. O. BOX 1788 LAKELAND, FL C () MANISCALCO, 4730 N. HABAN, TAMPA, FL 336	ic Signature of Registered Age TORS: Delete NRY D 3 33802 Delete BENEDICT S MD A AVNUE, SUITE 201 614 Delete RGE H TREET	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	Date GES TO OFFICERS AND DIRECTORS () Change () Addition

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: WIL MICK PRES 01/06/2006