
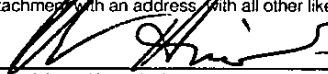


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90011 042 \*\*\*\*61.25

<b>DOCUMENT # N96000002824</b> 1. Entity Name <b>H.E.R.O.E.S., INC.</b>					
Principal Place of Business <b>2444 MAYPORT RD. #11 ATLANTIC BEACH, FL 32233</b>			Mailing Address <b>PO BOX 49099 JACKSONVILLE BEACH, FL 32240</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-3382916</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>SORRELL, MARY C ESQ 2275 ATLANTIC BOULEVARD NEPTUNE BEACH, FL 32266</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HIONIDES, CHRIS 47 11TH STREET ATLANTIC BEACH, FL 32233		TITLE NAME STREET ADDRESS CITY - ST - ZIP	T, President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T CANDICE, MCCLELLAN 424 B THIRD STREET SOUTH JACKSONVILLE BEACH, FL 32250		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T TALLEY, TRACY 424 B SOUTH THIRD STREET JACKSONVILLE BEACH, FL 32250		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MARCELLO, RALPH 152 WATER OAK DR PONTE VEDRA BEACH, FL 32082		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ED FORSTER, CINDY 2444 MAYPORT RD. #1 ATLANTIC BEACH, FL 32233		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	Secretary/Treasurer Maro Trendel 2233 Seminole Rd., #33 Atlantic Beach, FL 32233	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b>  <b>Chris Hionides</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
Daytime Phone #				904/241-1501	

**MARY C. SORRELL**

Professional Association  
Attorney and Counselor at Law

Order of The Coif

**ATTACHMENT**

40021683  
#N96000002824

**Admitted to Practice**

State and Federal Courts,  
State of Florida  
United States Federal Circuit Court  
United States Court of Federal Claims

February 27, 2006

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

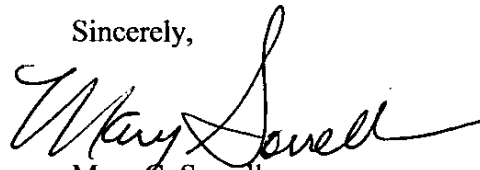
Re: H.E.R.O.E.S, Inc.  
2006 Annual Report

Dear Sir/Madam:

Please find enclosed the original 2006 Not For Profit Corporation Annual Report, along with check numbered 1060 in the amount of \$61.25 for the filing fee.

Should you have any questions, please feel free to contact me.

Sincerely,

  
Mary C. Sorrell

MCS:sam  
Enclosures (2)