2007 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attach

ATURE AND TYPED OR PRINTED NAME OF SIGNING OF

SIGNATURE:

Apr 09, 2007 8:00 am Secretary of State DOCUMENT # P00000041305 04-09-2007 90060 001 ***150.00 HEINOLORE CORPORATION Principal Place of Business Mailing Address 4411 SE 20 PLACE 1318 LAFAYETTE STREET 40053400 CAPE CORAL, FL 33904 CAPE CORAL, FL 33908 2. Principal Place of Business - No P.O. Box # 4407 SE 20th Place 3. Mailing Address 1221 SW 10th Ter Suite, Apt. #, etc. Suite, Apt. #, etc. 03122007 Chg-P CR2E034 (12/06) City & State 4. FEI Number Applied For Coral, Florida Cape Coral, Florida Cape 65-1071554 Not Applicable Country U.S.A \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Huttner HILL, THOMAS W Street Address (P.O. Box Number is Not Acceptable) 1318 LAFAYETTE STREET CAPE CORAL, FL 33908 Zip Code 3399/ 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 uttro (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change TITLE ☐ Delete TITLE ☐ Addition KRAMM, HEINZ G NAME NAME 4407/SE ZONEN 1221 SW 10th Ter STREET ADDRESS 1318 LAFAYETTE STREET STREET ADDRESS CITY-ST-ZIP CAPE CORAL, FL 33908 CITY-ST-ZIP Cape Coral, FL 33991 Delete Change TITLE TITLE ☐ Addition NAME KRAMM-AUER, HANNELORE NAME 1221 SW 10th Tex 1318 LAFAYETTE STREET STREET ADDRESS STREET ADDRESS Cape Coral, FL 33991 CITY-ST-ZIP CAPE CORAL, FL 33908 CITY-ST-ZIP TITLE Delete TIT1 F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 at trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

ICER OR DIRECTOR

FILED

Daylime Phone #