

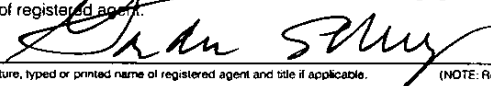
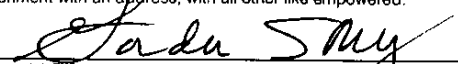


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90078 031 ***150.00

DOCUMENT # P00000071889 1. Entity Name HIGHLAND HERITAGE ARTISAN INC.					
Principal Place of Business 1351 RAILHEAD BOULEVARD STE 4 NAPLES, FL 34110			Mailing Address 1351 RAILHEAD BOULEVARD STE 4 NAPLES, FL 34110		
2. Principal Place of Business - No P.O. Box # AS ABOVE		3. Mailing Address 10482 AUTUM BREEZE DR Suite, Apt. #, etc. Unit 101			
City & State _____		City & State BONITA SPRINGS FL		01172007 Chg-P CR2E034 (12/06)	
Zip _____		Zip 34135		Country USA	
4. FEI Number 59-3664830				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent MURRAY, GORDON S 1351 RAILHEAD BOULEVARD NAPLES, FL 34110	
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City FL Zip Code _____				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:  DATE: 1/17/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS	
TITLE D <input type="checkbox"/> Delete		NAME MURRAY, GORDON		STREET ADDRESS 1351 RAILHEAD BOULEVARD	
CITY-ST-ZIP NAPLES, FL 34110		CITY-ST-ZIP NAPLES, FL 34110		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE _____ <input type="checkbox"/> Delete		NAME _____		STREET ADDRESS _____	
CITY-ST-ZIP _____		CITY-ST-ZIP _____		TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ <input type="checkbox"/> Delete		NAME _____		STREET ADDRESS _____	
CITY-ST-ZIP _____		CITY-ST-ZIP _____		TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ <input type="checkbox"/> Delete		NAME _____		STREET ADDRESS _____	
CITY-ST-ZIP _____		CITY-ST-ZIP _____		TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ <input type="checkbox"/> Delete		NAME _____		STREET ADDRESS _____	
CITY-ST-ZIP _____		CITY-ST-ZIP _____		TITLE _____ <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 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 607, 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: 				Date: 1/17/06 Daytime Phone #: 239 777 2618	