

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000083446

1. Entity Name
HEIDBREN, INC.



Principal Place of Business
**7741 N. MILITARY TRAIL
SUITE 1
WEST PALM BEACH, FL 33410**

Mailing Address
**7741 N. MILITARY TRAIL
SUITE 1
WEST PALM BEACH, FL 33410**



01062005 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-1085351** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SCHICKEDANZ, W.K.
7741 N. MILITARY TRAIL, SUITE 1
3RD FLOOR
WEST PALM BEACH, FL 33410**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **MATTHIAS, HEIDI**
STREET ADDRESS **406 SILKEN LAUMANN WAY**
CITY-ST-ZIP **NEW MARKET, ON 13x 23**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

**U00000523158
05/03/06-80061-014 150.00**

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IN THIS SPACE**

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: _____

Waldemar Schickedanz, Registered Agent
**Waldemar Schickedanz, Registered Agent
Heidbren, Inc.**

OR DIRECTOR

Date

Daytime Phone # **561 845 8797**