


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2007 08:00 A
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	



01122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1085351	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 SCHICKEDANZ, W.K. 7741 N. MILITARY TRAIL, SUITE 1 3RD FLOOR WEST PALM BEACH, FL 33410	DO NOT WRITE IN THIS SPACE
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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 reinstating) DATE

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATTHIAS, HEIDI 406 SILKEN LAUMANN WAY NEW MARKET, ON 13x 2j
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/11/07-80035-019 150.00

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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: Heidi Matthias **Mar. 28/07 905-895-7524**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #