


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P00000106713	
1. Entity Name HEAVENLY NOTES 2000, INC.	

Principal Place of Business 6515 N E 20 AVE FT LAUDERDALE, FL 33308	Mailing Address 6515 N E 20 AVE FT LAUDERDALE, FL 33308
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2. Principal Place of Business 3900 Oaks Clubhouse Drive #203 Suite, Apt. #, etc. Pompano Beach, FL City & State	3. Mailing Address 3900 Oaks Clubhouse Dr. Suite, Apt. #, etc. #203 City & State Pompano Beach, FL City & State
Zip 33069	Country USA
Zip 33069	Country USA

FILED
06 OCT 24 PM 3: 50
CLERK OF STATE
TALLAHASSEE, FLORIDA



10092006 Chg-P CR2E034 (11/05)

4. FEI Number 65-1070658	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HAIDAR, ARLENE T 6515 N E 20 AVE FT LAUDERDALE, FL 33308	7. Name and Address of New Registered Agent Name JALLAD, DORIS R Street Address (P.O. Box Number is Not Acceptable) 3900 Oaks Clubhouse Drive, #203 Pompano Beach 33069 City FL Zip Code
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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 DORIS R JALLAD Doris Jallad 10/16/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAIDAR, ARLENE T 6515 N E 20 AVE FT LAUDERDALE, FL 33308 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700081153657 10/24/06--01041--020 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JALLAD, DORIS R 3900 OAKS CLUBHOUSE DR #203 POMPANO BEACH, FL 33069 <input type="checkbox"/> Delete	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	<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	<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	<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	<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: Doris Jallad DORIS JALLAD 10/16/06 954-917-8311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #