2005 FOR PROFIT CORPORATION

FILED May 02, 2005 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # P01000033046 1. Entity Name EUGENE HEARN ENTERPRISE, INC. Principal Place of Business Mailing Address 9352-WELLINGTON PARK CIR. 9352-WELLINGTON PARK CIR. TAMPA, FL 33647 TAMPA, FL 33647 04272005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3707732 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent HEARN, EUGENE DO NOT WRITE 9352-WELLINGTON PARK CIR. **TAMPA, FL 33647** 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, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME HERAN, EUGENE 9352-WELLINGTON PARK CIR. STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33647 TITLE NAME STREET ADDRESS CRY-ST-7/P TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IME IN THIS SPACE NAME STREET ADDRESS City-St-71P TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the Information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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:

STREET ADDRESS CITY-ST-ZIP