2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000108503

2241 FLORIDA DRIVE #1

DELTONA, FL 32738

Address:

City-St-Zip:

FILED May 01, 2005 Secretary of State

Entity Nan	ne: HEARTE	NVIRONMENTAL, INC.					
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
1241 DOVE APOPKA, F	ER CIRCLE FL 32703						
Current Mailing Address:			New Mailii	New Mailing Address:			
1241 DOVE APOPKA, F	ER CIRCLE FL 32703						
FEI Number:	59-3751184	FEI Number Applied For ()	FEI Number Not Appli	cable ()	Certificate of Status Desired (()	
Name and	Address of C	urrent Registered Agent:	Name and	Address of N	lew Registered Agent:		
	N, RALPH TO STREET T, FL 34787	US		N, RALPH KATHRINE CI ERRY, FL 327			
The above in the State		ubmits this statement for the pu	urpose of changing it	s registered o	ffice or registered agent, or	both,	
SIGNATUR	RE: RALPH AI	NDERSON		05/01/2005			
	Electroni	ic Signature of Registered Age	nt		Date		
		s(2)(b), F.S., the corporation did not Trust Fund Contribution ().	receive the prior notice	э.			
OFFICERS	AND DIRECT	rors:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	TD () HENDRIX, MARI 1241 DOVER CI APOPKA, FL 32	RCLE	Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	VPD () HENDRIX, BILL 1241 DOVER CI APOPKA, FL 32	RCLE	Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	PD () ANDERSON, RA 776 DESOTO S' CLERMONT, FL	TRRET	Title: Name: Address: City-St-Zip:	PD (X ANDERSON, R 1007 TUDHOPI SANFORD, FL	<u> </u>		
Title:	SD ()	Delete THY	Title:	()	Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: RALPH ANDERSON Ρ 05/01/2005