2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 22, 2005 8:00 am Secretary of State

4/18/05 239 839-4830 Date Daytime Phone #

DOCUMENT # P02000030436 1. Entity Name HEAVEN'S EXPRESS, INC.					04-22-2005 90273 026 ***150.00				
Principal Place	e of Business	Mailing Address			<u> </u>				
4512 LEONARD BLVO? P.O. BOX 1662 LEHIGH ACRES, FL 33971 LEHIGH ACRES, FL 33			חדם			200414	125		
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	pal Place of Business 3. Mailing Address								
<u>504</u>	Carrillon Ave S					itim etimet maite maite marti	RAIRS IIII ESIII	AINED IIII EI	NESI N IDBI
Suite, Apt.	e, Apt. #, etc. Suite, Apt. #, etc.				03232005	Chg-P	CR2E034	(10/03)	
City & State Lehigh Acres		City & State	City & State		4. FEI Number 30-0063	500		<u> </u>	plied For t Applicable
^{Zip} 33	Country	Zip	Coun	try	5. Certificate of		\$	B.75 Add	
35	6. Name and Address of Curre	nt Registered Agent	<u> </u>		<u> </u>	ddress of New Re	F6	e Require	d
			Name						
LEVY, KIM ESQ. 2110 CLEVELAND AVE.				Street Address (P.O. Box Number	is Not Acceptable))		
FT. MYER								<u></u>	
	•			City			FL	Zip Cod	
8. The above named entity submits this statement for the purpose of changing its regist				<u> </u>	ed agent or both	in the State of Flor		<u> </u>	
	tions of registered agent.	tion the purpose of changing its	registori	so office of register	ca agent, bi bott,	av tric ciato di Fibi	ROB., Fallifia	rinical ventri,	and accept
SIGNATURE_	Signature, typed or printed name of registered ag	Not and title if applicable (NOT)	Es Bezietera	d Agent signature required	(when reintena)		DATE		
	Organica of philips mand pringulation ag	The late is approximate to the second	c. negistore	a rigorit agristion required	, mon contagning)		-		
FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$55	9. Election Campai Trust Fund Cont	-		.00 May Be ed to Fees				
10.	,	ND DIRECTORS	11.		ADDITIONS/C	HANGES TO OFFI			
TITLE NAME	PSTD CHARLTON, JAVON W	☐ Delete	TITL				L	Change	Addition
STREET ADDRESS	4512 LEONARD BLVD. SOH CATAITION HUE 3			ET ADDRESS					
CITY-ST-ZIP	LEHIGH ACRES, FL 2097†	33936		-ST-ZIP		<u> </u>		7.0	- A Addition
TITLE Name		☐ Delete	TITLI NAM	1			1	Change	Addition
STREET ADDRESS				ET ADDRESS	•				
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NAME	,	·	NAM			٠			
STREET ADDRESS City-St-Zip			4	et adoress -St-zip					
TITLE		☐ Delete	TITL	:				Change	☐ Addition
NAME STREET ADDRESS			NAM	E ET ADDRESS					
CITY-ST-ZIP	1			-ST-ZIP					
TITLE		☐ Delete	IIIL				[Change	☐ Addition
name Street address			NAM STRE	E Et adoress					
CITY-ST-ZIP			1	-ST-ZIP					-
TITLE NAME		☐ Delete	TITL	ſ				Change	Addition
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP	<u> </u>			-ST-ZIP		·			
12. I hereby of indicated	certify that the information supplied we on this report or supplemental report or supplemental report or trustee er or or an attachment with an artificial or on an attachment with an artificial or	with this filing does not qualify for this true and accurate and that n	r the exe ny signa	mption stated in Se ture shall have the	oction 119.07(3)(i), same legal effect a	Florida Statutes, I as if made under o	further certifi ath; that I am	that the in	or director
or the cor.	horamou or me tecemes or trustee et	powered to execute this report	as requi	reu by Chapter 607	r, monua Statutes;	and that my name	appears in t	DIOCK TO O	BIOCK 11 ()

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: