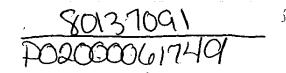
## 2003 FOR PROFIT CORPORATION

## FILED Aug 08, 2003 8:00 am Secretary of State

DOCU	MENT # P020000617 TED HEARTS, INC.		PARK CUT OFF RD 32778  A etc.						
774701 =101		(4)			9				
•	ce of Business E PARK CUT OFF RD 32778	Mailing Address 1304-L LANE PARK CUT OFF RD TAVARES, FL 32778							
N.					141	BUIDE III BUND HEIL BUNS BUN	<b>72</b> (1) <b>92</b> (1 <b>)</b> 6(()	ı ilbir i <b>ndi</b> l	BIBIG (B): 480
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State			. 4. F	El Number	994		<del>`                                    </del>
Zip	Country	Zip	Cour	ntry .	5. (		\$	8.75 Add	ditional
	5. Name and Address of Current I	Registered Agent	<u> </u>	<del>,</del>	7. N	lame and Address of New			
	<del></del>								
WILSON, SHIRLEY 1304-L LANE PARK CUT OFF RD TAVARES, FL 32778				Street Address (P.O. Box Number is Not Acceptable)					
				City		<u> </u>	FI	Zip Cod	e
		the purpose of changing it	s register	ed office or regi	stered ag	ent, or both, in the State of F		nillar with,	and accept
_	tions of registered agent.								
SIGNATURE	Signature, typed or printed name of எழுகைய சழிவு க		TE: Registre	ul Agentsignatum mu	an n <i>pette</i> Lianiu	instating)	CATE		
Aft. Make Check	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 - Amended UBR is \$61.25 o Payable to Florida Department o	rstate 7			· ·				
10.	OFFICERS AND	DIRECTORS	11.		AD	DITIONS/CHANGES TO OF	ICERS AND D	RECTOR	S IN 11
TITLE	PD	☐ Delete	H				[	Change	Addition
NAME STREET ADDRESS	WILSON, SHIRLEY	1		- 1					
CITY-ST-2P	TAVARES, FL 32778	,	H	1					
TITLE	VD	☐ Delete	101	E -		<del></del>		Change	Addition
NAME	WILSON, WILLIAM		NAM	Æ				_ •	
STREET ADDRESS	1304-L LANE PARK CUT OFF RE		1						*
CITY-ST-ZIP	TAVARES, FL 32778	<del></del>						701	
TITLE NAME		☐ Delete	2				. [	_] Change	☐ Address
STREET ADDRESS			ff f	f					
CITY-ST-ZIP	, _	. <u> </u>	CITY	-ST-2IP					
TITLE		☐ Delete	1111	E			[	] Change	Addition
NAME	{		8	(D)					
STREET ADDRESS CITY-ST-2P			- 14	l l					
TITLE								T Channe	C Addition
NAME	1	CT OFFICE					,	_ one go	(
STREET ADDRESS			STRE	ET ADDRESS					
CITY-ST-2P	<u> </u>		CITY	-ST-21P					
TITLE		☐ Delete	វាវាយ	j			i	] Change	Addition
NAME	1		NAM	-					
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP					
	a shift (the bab) a inflammation or unable of cold-	this filling place wat arrests of			Cantler :	(10.07/9VI) Finance State and	1 further - and 4	, that the in	formation
12. I hereby indicated of the col	Lentify that the information supplied with on this report or supplemental report is rporation or the receiver or trustee emporation, or on an attachment with an address, v	true and accurate and that wered to execute this report	or the exe my signa t as requi	mption stated in ture shall have t	he same l	egal effect as if made under	oath; that I am	an officer	or director



## TRANSMITTAL LETTER

Corp. Annual Reports & Reinstatements
Division of Corporations
P O BOX 6327
Tallahassee, FL 32314

SUBJECT: PAMPERED HEARTS, INC.

Dear Sir or Madam:

Please find enclosed for filing the current year Uniform Business Report. Enclosed is a check in the amount of \$150.00 made payable to: Florida Department of State for the filing fee. The original form was never mailed or received. Please do not charge a late filing fee.

Yours Sincerely,

Please return to:

PAMPERED HEARTS, INC.

1304-L LANE PARK CUT OFF ROAD

TAVARES FL 32778