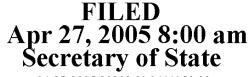
## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**



DOCUMENT # P02000070548 04-27-2005 90308 016 \*\*\*150.00 YOUR HEARTS DESIRE, INC. Principal Place of Business Mailing Address 3310 FORT KING ST. 3310 FORT KING ST. OCALA, FL 34470 OCALA, FL 34470 2. Principal Place of Business 1915 E. 5144 3. Mailing Address RUD, SILVER Suite, Apt. #, etc. Suite, Apt. #, etc. 03012005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For OCALA 74-3064499 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent YANCEY, TRUDY Street Address (P.O. Box Number is Not Acceptable) 3310 FORT KING STREET OCALA, FL 34470 City Zip Code 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be  $\Box$ Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D Delete TITLE ☐ Change ☐ Addition TITLE YANCEY, TRUCY B NAME NAME 3310 FORT KING ST. STREET ADDRESS STREET ADDRESS OCALA, FL 34470 CITY-ST-ZIP CITY-ST-ZIP D TITLE Delete TITLE ☐ Change ☐ Addition NAME YANCEY, WAYNE M NAME STREET ADDRESS 3310 FORT KING ST. STREET ADDRESS CITY-ST-ZIP OCALA, FL 34470 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: