

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90057 042 ***150.00

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DOCUMENT # P02000108097 1. Entity Name HEAVENLY PRESENTS INC.					
Principal Place of Business 892 N.E. 42ND STREET FT LAUDERDALE, FL 33334			Mailing Address 892 N.E. 42ND STREET FT LAUDERDALE, FL 33334		
2. Principal Place of Business 7147 WOODMONT WAY Suite, Apt. #, etc.		3. Mailing Address 713 EAST ATLANTIC BLVD Suite, Apt. #, etc.			
City & State TAMARAC FLORIDA Zip 33321		City & State POMPAHO BCH FL Zip 33060		4. FEI Number 16-1631909 Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOLLER, JOHN 892 N.E. 42ND STREET FT LAUDERDALE, FL 33334			7. Name and Address of New Registered Agent Name SOUTHEAST ACCOUNTING & TAX SERVICES INC Street Address (P.O. Box Number is Not Acceptable) 713 EAST ATLANTIC BLVD City POMPAHO BCH FL Zip Code 33060		
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 <u>Christine Jacobsen Pedleton</u> <u>Southeast Accounting & Tax Service Inc</u> <u>2/10/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOLLER, JOHN 892 N.E. 42ND STREET FT LAUDERDALE, FL 33334 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KLENKE, HELMUT 892 NE 42ND ST FORT LAUDERDALE, FL 33334 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M SENDTWO, SIEGOLD 892 NE 42ND ST FORT LAUDERDALE, FL 33334 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 if changed, or on an attachment with an address, with authority like empowered.					
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					