

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90212 035 ***150.00

DOCUMENT # P03000000745

1. Entity Name
 WHITE HEART DESIGNS, INC.



Principal Place of Business
 615 NORTH U.S. HWY 17-92
 SUITE 102 B
 DEBARY, FL 32713

Mailing Address
 615 NORTH U.S. HWY 17-92
 SUITE 102 B
 DEBARY, FL 32713



04262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 16-1651337

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LODGE, TERRY M
 279 ADELAIDE ST.
 DEBARY, FL 32713

DO NOT WRITE IN THIS SPACE

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)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: P
 NAME: LODGE, TERRY M
 STREET ADDRESS: 279 ADELAIDE STREET
 CITY-ST-ZIP: DEBARY, FL 32713

TITLE: VP
 NAME: LODGE, PATTY J
 STREET ADDRESS: 279 ADELAIDE STREET
 CITY-ST-ZIP: DEBARY, FL 32713

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

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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 all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

XA-2705

Date

386
X 774-5344

Daytime Phone #