2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2008 8:00 am Secretary of State

		Secretary of State								
DOCUMENT # P03000059807 1. Entity Name HEATON PROPERTIES INC.						04-29-200	08 90089 (007 ***1	50.00	
Principal Place of Business Mailing Address					1					
2655 N. OCEAN DR 2655 N. OCEAN DR										
#310	LAN DK	#310				. •				
SINGER ISLAND, FL 33404		SINGER ISLAND, FL 33404		[Biji Boleh bijie Ho				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04252008 Chg-P CR2E034 (12/06)					
City & State		City & State		-					oplied For ot Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired			S8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent					7. Name and	Address of New	Registered A	\gent		
HEATON, GEORGE W				Name						
2655 N. O #310	CEAN DR		Street	treet Address (P.O. Box Number is Not Acceptable)						
SINGER ISLAND, FL 33404										
							FL	Zip Cod	е	
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										
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.(\$5. Add	00 May Be ed to Fees							
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11	
TITLE	P	☐ Delete	TITLE					☐ Change	☐ Addition	
NAME	HEATON, GEORGE W		NAME							
STREET ADDRESS	2655 N OCEAN BLVD., #310		STREET ADDRESS							
CITY-ST-ZIP	SINGER ISLAND, FL 33407		CITY-ST-ZIP	1						
TITLE	VPS	☐ Delete	TITLE	1				Change	Addition	
NAME Street address	DENTRY, DEBORAH A 3540 FOREST HILL BLVD #203		NAME STREET ADDRESS	ع الما	: MRQICK	clase				
CITY-ST-ZIP	WEST PALM BEACH, FL 33406		CITY-ST-ZIP	100	panailil	clane k ,TN 35	1743			
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NAME		CT Delete	NAME					Change	☐ AUUIIIDII	
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP			CITY-ST-ZIP						ı	
TITLE		Delete	TITLE					☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME						ļ	
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						3	
TITLE		☐ Delete	TITLE					☐ Change	Addition	
NAME			NAME					change	L AGAILION	
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP		****	CITY-ST-ZIP						İ	
TITLE		☐ Delete	THILE					☐ Change	☐ Addition	
NAME CIDEET ADDRESS			NAME							
STREET ADDRESS			STREET ADDRESS			•				
CITY-ST-ZIP	portify that the information appolical with		CITY-S1-ZIP]		<u></u>				

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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:

Deligial Y Deity Deborah A Dentry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OR DIRECTOR

4ks/00 561433

Daytime Phone #