


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90091 035 \*\*\*150.00

**DOCUMENT # P03000066952**

1. Entity Name  
**HEARTS EASE CORPORATION**



Principal Place of Business      Mailing Address

**10071 GEORGETOWN COURT**      **10071 GEORGETOWN COURT**  
**WEEKI WACHEE, FL 34613 US**      **WEEKI WACHEE, FL 34613 US**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

**9168 RHETT LANE**      **9168 RHETT LANE**

Suite, Apt. #, etc.      Suite, Apt. #, etc.


City & State      City & State

**WEEKI WACHEE, FL**      **WEEKI WACHEE, FL**

Zip      Country      Zip      Country

**34613**           **34613**           **34613**

4000000



01242007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For

**20-0048050**       Not Applicable

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

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**CHISWICK, WILLIAM D**  
**10071 GEORGETOWN COURT**  
**WEEKI WACHEE, FL 34613**

Name      **CHISWICK, WILLIAM D**

Street Address (P.O. Box Number is Not Acceptable)  
**9168 RHETT LANE**

City      **WEEKI WACHEE**      FL      Zip Code  
**34613**

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]*      DATE: **4/10/07**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$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	DPST CHISWICK, WILLIAM D 10071 GEORGETOWN COURT WEEKI WACHEE, FL 34613 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST CHISWICK, WILLIAM D 9168 RHETT LANE WEEKI WACHEE, FL 34613 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAS CHISWICK, NANCY C 10071 GEORGETOWN COURT WEEKI WACHEE, FL 34613 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAS CHISWICK, NANCY C 9168 RHETT LANE WEEKI WACHEE, FL 34613 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]*      **WILLIAM CHISWICK**      Date: **4/11/07**      Daytime Phone #: **352-592-6656**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR