


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 10071 GEORGETOWN COURT WEEKI WACHEE, FL 34613 US | Mailing Address 10071 GEORGETOWN COURT WEEKI WACHEE, FL 34613 US |
|--|--|

| | |
|--|--|
| 2. Principal Place of Business - No P.O. Box # 9168 RHETT LANE | 3. Mailing Address 9168 RHETT LANE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|---|---|
| City & State WEEKI WACHEE, FL | City & State WEEKI WACHEE, FL |
| Zip 34613 | Zip 34613 |
| Country | Country |

4000000 -

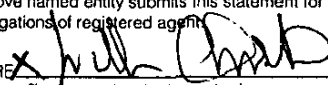


01242007 Chg-P CR2E034 (12/06)

| | |
|---|--|
| 4. FEI Number 20-0048050 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

| | |
|---|--|
| 6. Name and Address of Current Registered Agent CHISWICK, WILLIAM D 10071 GEORGETOWN COURT WEEKI WACHEE, FL 34613 | 7. Name and Address of New Registered Agent 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.

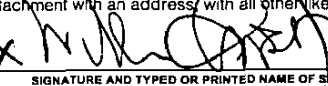
SIGNATURE:  DATE: **4/11/07**

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. <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 | 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 |
| 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 |
| 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 |
| 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 |
| 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:  **WILLIAM CHISWICK** DATE: **4/11/07** DAYTIME PHONE: **352-592-6656**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR