


07-21-2004 90024 001 ***550.00

DOCUMENT # P03000087944						Secretary of State	
1. Entity Name H.R.T. INVESTMENTS, INC.				07-21-2004 90024 001 ***550.00			
Principal Place of Business P.O. BOX 5924 DESTIN, FL 32540				Mailing Address P.O. BOX 5924 DESTIN, FL 32540			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 20-0145842				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WARD, LORI ELLEN ESQ. MATTHEWS & HAWKINS, P.A. 607 HIGHWAY 98 EAST DESTIN, FL 32541				7. Name and Address of New Registered Agent Name: Lori Ellen Word, Esq. Street Address (P.O. Box Number is Not Acceptable): Matthews & Hawkins, P.A. 4475 Legendary Drive City: Destin FL Zip Code: 32541			
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: <i>Lori Ellen Word</i> (NOTE: Registered Agent signature required when reinstating) DATE: _____							
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004				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: DIPLOMAT NAME: Benjamin Twigden STREET ADDRESS: P.O. Box 5924 CITY-ST-ZIP: Destin, FL 32540 <input type="checkbox"/> Delete				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 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 all other like empowered.							
SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____							