
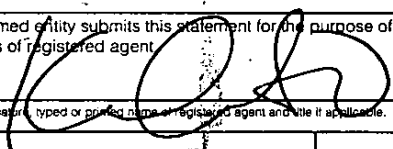
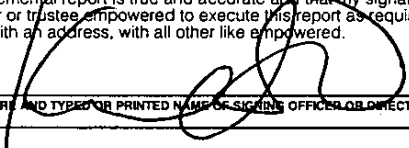


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2005 8:00 am**  
**Secretary of State**

03-03-2005 90181 025 \*\*\*158.75

<b>DOCUMENT # P03000114408</b> 1. Entity Name <b>HEARTFELT PRODUCTIONS, INC.</b>					
Principal Place of Business <b>4500 W NORTH B ST TAMPA FL 33609</b>			Mailing Address <b>2439 MADRID AVE SAFETY HARBOR, FL 34695</b>		
2. Principal Place of Business <b>2439 MADRID AVE</b>			3. Mailing Address <b>2439 MADRID AVE</b>		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. <b>SAFETY HARBOR</b>		
City & State <b>SAFETY HARBOR, FL</b>			City & State <b>FL</b>		
Zip <b>34695</b>		Country <b>US</b>		4. FEI Number <b>20-0317736</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>COHEN, ROBERT F 2918 BUSCH LAKE BLVD TAMPA, FL 33614</b>			7. Name and Address of New Registered Agent Name <b>KATHY L. ANDERSON</b> Street Address (P.O. Box Number is Not Acceptable) <b>2439 MADRID AVE</b> <b>SAFETY HARBOR</b> City <b>FL</b> Zip Code <b>34695</b>		
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  (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>ANDERSON, KATHY L</b> <b>4500 W NORTH B ST</b> <b>TAMPA, FL 33609</b> <b>2439 MADRID AVE</b> <b>SAFETY HARBOR, FL</b> <b>34695</b>		<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
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 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: 			Date <b>2/28/05</b> 813/787-3180		

50022325



01072005 Chg-P CR2E034 (10/03)