2005 FOR PROFIT CORPORATION ANNUAL REPORT TO A STATE OF THE STATE OF THE

FILED Mar 28, 2005 8:00 am

DOCUMENT # P04000011981 1. Entity Name CANADA DIRECT OF THE HEARTLAND, INC.						Secretary of State 03-28-2005 90043 029 ***150.00					
Principal Place		1000	187								
3954 US 27		3954 US 27 SOUTH			Note that the term of the effective terms of						
SEBRING, FL 33870		SEBRING, FL 33870									
			•	- ,	1997 LIBRORDER	Mili Birli Brill Brit Brit Alin	. 6 6 6 6 1 116 6 1 116 1		ASIN IRBI		
			- ;								
2. Principal Place of Business 3. Mailing Address			N. 4	<i>i</i> : .					411 11 1886		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01062005	Chg-P	CR2E03	4 (10/03)			
City & State	3	City & State			4. FEI Number	641986			olied For Applicable		
Zip	Country	Zip	Country		Į		S	8.75 Addi			
		ميت مستويد والتيأت	-	-+ -:	5. Certificate o	of Status Desired		ee Required			
	6. Name and Address of Current				7. Name and	Address of New R	egistered A	gent			
i	A the second of				Name						
	ROBERT M	•	Street A	Street Address (P.O. Box Number is Not Acceptable)							
3954 US 27 SOUTH				officer notices (i.o. pox number is not notephane)							
SEBRING, FL 33870											
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		* + 0	City		or one of ₩ Fe	green and	FL	Zip Code			
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 obligati	ions of registered agent.			7	5 5 1 M	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	,	•0 -1 1			
SIGNATURE STORY ST											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campaig Trust Fund Contril			.00 May Be	33.	to vice		ų.		
10. 191	** ** OFFICERS AND	DIRECTORS	11:	. 1.	ADDITIONS/0	CHANGES TO OFF	CERS AND	DIRECTORS	IN 11		
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	L certify that the information supplied with	this filling does not qualify for		red in S	ection #19 D7(9)(i): Florida Statutes	further certi	fy that the in	formation		
indicated	on this report or supplemental report is reportation or the receiver or trustee emporation or the receiver or trustee emporation.	s true and accurate and that m	y signature shall h	ave the	same legal effect	t as if made under	oath; that I ar	n an officer	or director		