

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90206 017 ***150.00

DOCUMENT # P04000014275					
1. Entity Name YIELDED HEARTS, INC.					
Principal Place of Business 11640 N. DALE MABRY HIGHWAY TAMPA, FL 33618			Mailing Address 11640 N. DALE MABRY HIGHWAY TAMPA, FL 33618		
2. Principal Place of Business 9710 Cypress Shadow Ave		3. Mailing Address P.O. Box 48883			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Tampa FL		City & State Tampa FL		4. FEI Number 20-0643428	
Zip 33647		Country USA		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 HERRINGTON, FAYE H 11640 NORTH DALE MABRY HWY TAMPA, FL 33618			7. Name and Address of New Registered Agent Name: HERRINGTON, Faye H Street Address (P.O. Box Number is Not Acceptable): 9710 Cypress Shadow Ave City: Tampa FL Zip Code: 33647		
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: <u>Faye H. Herrington</u> <u>Faye H. Herrington</u> <u>4/19/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	PTD HERRINGTON, FAYE <input type="checkbox"/> Delete 11640 N. DALE MABRY HIGHWAY TAMPA, FL 33618		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9710 Cypress Shadow Ave Tampa, FL 33647	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD HERRINGTON, SID <input type="checkbox"/> Delete 11640 N. DALE MABRY HIGHWAY TAMPA, FL 33618		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9710 Cypress Shadow Ave Tampa, FL 33647	
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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: <u>Faye H. Herrington</u> <u>Faye H. Herrington</u> <u>4/19/06</u> <u>813-994-7421</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					