2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P04000052965

FILED May 04, 2005 8:00 am Secretary of State

05-04-2005 90190 037 ***150.00

HEIDEN VENTURES, INC Principal Place of Business Mailing Address 381 SHAMROCK BOULEVARD 381 SHAMROCK BOULEVARD 50048614 VENICE, FL 34293 VENICE, FL 34293 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04062005 CR2E034 (10/03) 4. FEI Numbe Applied For City & State City & State Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HEIDEN, KENNETH T Street Address (P.O. Box Number is Not Acceptable) 381 SHAMROCK BOULEVARD VENICE, FL 34293 City Zip Code FL 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Р ☐ Change Addition TITLE ☐ Defete TITLE NAME HEIDEN, KRISTINA L NAME 381 SHAMROCK BOULEVARD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VENICE, FL 34293 CITY-ST-ZIP VP TITLE ☐ Delete TITLE Change Addition HEIDEN, KENNETH T NAME NAME 381 SHAMROCK BOULEVARD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VENICE, FL 34293 CITY-ST-7IP ☐ Delete THILE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME

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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 reference or trustee empowered to execute this eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attaching the will be an address, with all otipe fixe empowered. KRISTINA HEIDEN

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY - ST-2IP

Daytime Phone #