FILED

2005 FOR PROFIT CORPORATION ANNUAL REPORT					Apr 18, 2005 8:00 am Secretary of State
DOCUMENT # P04000134809 1. Entity Namo HEARTLAND REALTY, INC.					04-18-2005 90315 048 ***150.00
Principal Place of B	usiness	Mailing Address			50037153
2500 NORTH MILI Boca raton, FL	TARY TRAIL, STE. 282 33431	2500 NORTH MILITARY TRAIL, STE. 282 Boca Raton, Fl 33431			30021193
					I LABAKARI NI BAHU BERU BERU BERU BERU DENGAN MERENJAHAN BUKAN KEMBANAN MENANCAN MENANCAN MENANCAN MENANCAN ME
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01292005 Chg-P CR2E034 (10/03)
City & State		City & State			4. FEI Number Applied For Not Applied ble
Zip -	Country	Zip	Country	i	5. Certificate of Status Desired \$8.75_Additional Fee Required
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable (NOTE: Pegistered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

2500 NORTH MILITARY TRAIL, STE. 260

LEVY, LAWRENCE

BOCA RATON, FL 33431

9. Election Campaign Financing Trust Fund Contribution. ,

\$5.00 May Be

Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D TITLE Delete Change TOLE Addition SPATAFORA, ANDREW M NAME STREET ADDRESS 2500 NORTH MILITARY TRAIL, STE. 282 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33431 TITLE Delete IIILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CRY-SI-ZIP CITY-ST-71P TITLE Delete UILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CTIY-ST-ZIP CITY-ST-70P ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET AUDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP

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 early, 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: