


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90142 010 ***150.00

DOCUMENT # P04000152639					
1. Entity Name HEART & SOUL, INC.				4007-	
Principal Place of Business 2289 SORRENTO CIRCLE WINTER PARK, FL 32792			Mailing Address PO BOX 950721 MAITLAND, FL 32794		
2. Principal Place of Business 1756 CLEMATIS LANE Suite, Apt. #, etc. WINTER PARK, FL		3. Mailing Address PO BOX 940721 Suite, Apt. #, etc.			
City & State 		City & State MAITLAND, FL		4. FEI Number 34-2038337	
Zip 32792		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GORDON, MITCHELL 2289 SORRENTO CIRCLE WINTER PARK, FL 32792			7. Name and Address of New Registered Agent Name: GORDON, MITCHELL Street Address (P.O. Box Number is Not Acceptable): 1756 CLEMATIS LANE City: WINTER PARK FL 32792		
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)					
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	PRES GORDON, MITCHELL 2289 SORRENTO CIRCLE WINTER PARK, FL 32792		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1756 CLEMATIS LANE WINTER PARK, FL 32792	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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	
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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: _____			MITCHELL GORDON		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3/30/06 407-657-1821		
DATE			DAYTIME PHONE #		