


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90086 044 \*\*\*150.00

<b>DOCUMENT # P05000138485</b>	
1. Entity Name <b>PENNIES FROM HEAVEN, INC.</b>	

Principal Place of Business <b>100 S. MILITARY TRAIL UNIT 125 DEERFIELD BEACH FL 33442</b>	Mailing Address <b>100 S. MILITARY TRAIL UNIT 125 DEERFIELD BEACH FL 33442</b>
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2. Principal Place of Business <b>100 S MILITARY TRAIL</b> Suite, Apt. #, etc. <b>24 + 25 UNIT</b> City & State <b>DEERFIELD FL.</b> Zip <b>33442</b> Country <b>USA</b>	3. Mailing Address <b>PO BOX 880084</b> Suite, Apt. #, etc. City & State <b>BOCA RATON</b> Zip <b>33418</b> Country <b>USA</b>
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1st MOORE CR2E034 (10/05)

4. FEI Number <b>41-2185687</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>WARM, STEVEN ESQUIRE 2101-NW-CORPORATE BLVD. SUITE 215 BOCA RATON FL 33431</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 obligations of registered agent.

SIGNATURE *Barbara Stewart* **Barbara Stewart** 2/20/06  
(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>BARBARA STEWART</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEWART, BARBARA 100 S. MILITARY TRAIL DEERFIELD BEACH FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 Section 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: *Barbara Stewart* **Barbara Stewart** 2/20/06 561-305-4451  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR