

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2008 8:00 am
Secretary of State

07-28-2008 90034 049 ***150.00

DOCUMENT # P05000138485

1. Entity Name
PENNIES FROM HEAVEN, INC.



Principal Place of Business
**100 S. MILITARY TRAIL
UNIT 24 & 25
DEERFIELD BEACH, FL 33442**

Mailing Address
**POB 880084
BOCA RATON, FL 33488**

60045654



2. Principal Place of Business - No P.O. Box #
2101 NW CORP BLVD

Suite, Apt. #, etc.
215

City & State
BOCA RATON FL

Zip
33431

Country
PB

3. Mailing Address

PO Box 880084

Suite, Apt. #, etc.

BOCA RATON FL

City & State

33488

Zip

Country
PB

07112008 Chg-P CR2E034 (12/06)

4. FEI Number
41-2185687

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WARM, STEVEN ESQUIRE
2101 NW CORPORATE BLVD.
SUITE 215
BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **STEWART, BARBARA**
STREET ADDRESS **100 S. MILITARY TRAIL**
CITY-ST-ZIP **DEERFIELD BEACH, FL 33442**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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:

I AM SIGNING THAT I NEVER RECEIVED THIS FORM BEFORE ONLY.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

7/22/08
[Signature]