2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000026431

Entity Name: HEG & ASSOCIATES, INC.

FILED Jul 24, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6500 COWPEN RD SUITE 303 6500 COWPEN RD MIAMI LAKES, FL 33014

SUITE 305

MIAMI LAKES, FL 33014

Current Mailing Address: New Mailing Address:

6500 COWPEN RD SUITE 303 6500 COWPEN RD

MIAMI LAKES, FL 33014 SUITE 305

MIAMI LAKES, FL 33014

FEI Number: 20-4515038 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BETANCOURT, GREGORY BETANCOURT, GREGORY 6500 COWPEN RD SUITE 303 6500 COWPEN RD

MIAMI LAKES, FL 33014 SUITE 303 MIAMI LAKES, FL 33014 US

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.

SIGNATURE: 07/24/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition GARCIA, HERMILIO E GARCIA, HERMILIO E Name: Name: 6500 COWPEN RD SUITE 303 6500 COWPEN RD SUITE 305 Address: Address:

City-St-Zip: MIAMI LAKES, FL 33014 City-St-Zip: MIAMI LAKES, FL 33014

Title: () Delete Title: (X) Change () Addition BETANCOURT, MELINDA BETANCOURT, MELINDA Name: Name: 6500 COWPEN RD SUITE 303 6500 COWPEN RD SUITE 305 Address: Address: MIAMI LAKES, FL 33014 MIAMI LAKES, FL 33014 City-St-Zip: City-St-Zip:

Title: Title: () Delete (X) Change () Addition GARCIA, AZALIA Name: GARCIA, AZALIA Name:

6500 COWPEN RD SUITE 303 6500 COWPEN RD SUITE 305 Address: Address: City-St-Zip: MIAMI LAKES, FL 33014 City-St-Zip: MIAMI LAKES, FL 33014

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HERMILIO E. GARCIA **PRES** 07/24/2008