


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90463 015 ***150.00

DOCUMENT # P06000060862 1. Entity Name HEARTLAND GOLD INC.					
Principal Place of Business P. O. BOX 1283 WAUCHULA, FL 33873			Mailing Address P. O. BOX 1283 WAUCHULA, FL 33873		
2. Principal Place of Business - No P.O. Box # 1102 South 6th Ave		3. Mailing Address P.O. Box 1283			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Hawthorne FL		City & State Hawthorne FL		4. FEI Number 	
Zip 33873		Country Hardee		<input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip 33873		Country Hardee		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROE, WESLEY A 1418 NE SHIBLON ST. ARCADIA, FL 34265			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 <u><i>Wesley A. Roe</i></u> Wesley A. Roe 4-18-07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	PD ROE, WESLEY A 1418 NE SHIBLON ST. ARCADIA, FL 34265 <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: <u><i>Wesley A. Roe</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-18-07 863-773-4466 <small>Date Daytime Phone #</small>		