## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## 04-02-2007 90087 012 \*\*\*150.00 DOCUMENT # P06000061095 1. Entity Name SEVENTH HEAVEN PRODUCTIONS, INC. 400400110 Principal Place of Business Mailing Address 5970 SW 18TH ST 5970 SW 18TH ST BOCA RATON, FL 33433 BOCA RATON, FL 33433 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01302007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Numbe Applied For 14-1959010 Not Applicable Country Zip Country Zio \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ORNER, HELENE 6221 B ISLAND WALK Street Address (P.O. Box Number is Not Acceptable) BOCA RATON, FL 33496 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 Signative, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change Addition NAME ORNER, HELENE NAME STREET ADDRESS 6221 B ISLAND WALK STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33496 CITY-ST-ZIP TITLE Oelete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 in

**FILED** 

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Apr 02, 2007 8:00 am Secretary of State