## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000086621

City-St-Zip:

SUNRISE, FL 33326

Entity Name: HERITAGE EVENT MANAGEMENT INCORPORATED

FILED Apr 29, 2007 Secretary of State

Current B	Principal Place of Rusiness	New Principal Place of Business:
Current Principal Place of Business:		New Fillicipal Flace of Busiliess.
3500 SW 19TH AVE #237 GIANESVILLE, FL 32607		3500 SW 19TH AVE #237 GAINESVILLE, FL 32607
Current M	lailing Address:	New Mailing Address:
3500 SW 19TH AVE #237 GIANESVILLE, FL 32607		3500 SW 19TH AVE #237 GAINESVILLE, FL 32607
FEI Number	: 20-5759046 FEI Number Applied Fo	r ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )
Name and	d Address of Current Registered Ag	ent: Name and Address of New Registered Agent:
	_AUREN 19TH AVE #237 ILLE, FL 32607 US	
	e named entity submits this statement e of Florida.	for the purpose of changing its registered office or registered agent, or both,
SIGNATU	RE:	
	Electronic Signature of Registe	red Agent Date
Election Ca	mpaign Financing Trust Fund Contribution	( ).
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Title: Name: Address: City-St-Zip:	D ( ) Delete MEDLIN, LAUREN 3500 SW 19TH AVE #237 GAINESVILLE, FL 32607	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	D ( ) Delete MEDLIN, WILLIAM 4601 SW 74TH TERR DAVIE, FL 33314	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: Name:	D () Delete MANASSEH, SHAWN 15821 SW 7TH PAI	Title: ( ) Change ( ) Addition Name: Address:

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.

City-St-Zip:

SIGNATURE: LAUREN MEDLIN D 04/29/2007