FILED May 14, 2007 8:00 am Secretary of State 05-14-2007 90094 028 ***158.75

	AIIIOAL	1/21 01/11		_	05 1 1 20	, o , , o o o , i o 2 e		
DOCUMENT # P06000148182 1. Entity Name HEIRMAN SYSTEMS, INC.				dor	} ∪ ~ ·			
Principal Place of Business Mailing Address				7				
11159 FREEDOM WAY 11159 FREEDOM WAY								
SEMINOLE, FL 33772 SEMINOLE, FL 337		SEMINOLE, FL 33772						
SEMINULE, FL 33/12 SEMINULE, FL 33/12								
				I HARRICAN HI A	ana ana arin arin ai	ETDE EETI DETEN AVITA ETDE ATDE ATDE	BISSI N ISM	
2 Drinning I	Ness of Dusiness No BO Boy #	3. Mailing Address		-				
2. Principal Place of Business - No P.O. Box # 3. Mailing Address					NIN NAN NAW 8860 M	DARAK AYANY DI BIRIN KANDAN KANDAN INDIN DI	9 19 19 19 19 19 19 19	
				4				
Suite, Apt. #, etc. Suite, Apt. #, etc.			04032007	Chg-P	CR2E034 (12/06)			
City & State City & State			4. FEI Number	-0	/ ⊃ ⊢^	pplied For		
			20-8	<u>59-55</u> 5	·	ot Applicable		
Zip.	Country	_ Zip	Country	5. Certificate o	Status Desired	S8.75_Ad	ditional	
						Fee Require	ed .	
	6. Name and Address of Current	Registered Agent		7. Name and A	uddress of New	Registered Agent		
	Ŋ		Name					
HEIRMAN, KNUTE E								
11159 FREEDOM WAY			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
SEMINOLI	E, FL 33772							
			City			FL Zip Coo	fe	
	named entity submits this statement for	the purpose of changing its	registered office or regist	lered agent, or both	, in the State of Fl	londa. I am familiar with	and accept	
the obligat	tions of registered agent.							
SIGNATURE.								
I GIGITATORE.	Signature, typed or printed name of registered agent (ind the flappicable (NOTE	Registered Agent signature requ	(ed when reinstitling)		DATE	-	
								
811	E NOW!!! FEE IS \$150.00	9. Election Campai	an Financina S	5.00 May Be				
	ay 1, 2007 Fee will be \$550.(Trust Fund Contr		dded to Fees				
ļ <u>.</u>								
10.	OFFICERS AND		11,	ADDITIONS/C	HANGES TO CFI	FICERS AND DIRECTOR	S (N 11	
TITLE	D	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME	HEIRMAN, KNUTE E		NAME					
STREET ADDRESS	11159 FREEDOM WAY		STFEET ADDRESS					
CITY-ST-ZIP	SEMINOLE, FL 33772		CITY-ST-ZIP					
TITLE	D	☐ Delete	TIBLE			☐ Change	Addition	
NAME	IANNOTTI, MICHAEL		NAL/Æ			<u> </u>		
STREET ADDRESS	11185 64TH TERRACE N		STREET AUDRESS					
CITY-ST-ZIP	SEMINOLE, FL 33772		CITY-ST-ZIP					
			-			7.0		
TITLE	1	Delete	INLE			Change	Addition	
NAME			NAME					
STREET ADDRESS	İ		_STFEET ADDRESS_	-				
CITY-ST-ZIP			CITY-ST-AP					
TITLE	1	☐ 6alara	HTLE			Change	☐ Addition	
NAME		∟ Delete	HALE					
		LJ Delete	NALME					
STREET ADDRESS		∟ Dek(te						
STREET ADDRESS CITY+ST-ZIP		L Deserte	NAME					
CITY-\$1-ZIP			NAME STREET ADDRESS CITY-ST-ZIP			☐ Channe	Addition	
CNY-SI-ZIP		☐ Detete	NALAE STPEET ADORESS			☐ Change	☐ Addition	
CITY-ST-ZIP TITLE NAME			NAIAE STREET ADDRESS CITY-ST-ZIP TITLE NAIAE	<u></u>		Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS			NAME STREET ADDRESS CIT+-ST-7/P TITLE NAME STREET ADDRESS			Change	☐ Addition	
CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP		☐ Celele	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					
CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE			NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			☐ Change	Addition	
CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ Celele	NAME STREET ADDRESS CITY-ST-7/P TITLE NAME SIFEET ADDRESS CITY-ST-7/P TITLE NAME					
CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ Celele	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE					
CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ Celele	NAME STREET ADDRESS CITY-ST-7/P TITLE NAME SIFEET ADDRESS CITY-ST-7/P TITLE NAME					
CITY-ST-ZP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP 12. I hareby.	certify that the information supplied with	Delate Delate this filling does not qualify for	NAJAE STREET ADDRESS CITY-ST-ZIP THLE NAJAE SIREET ADDRESS CITY-ST-ZIP THLE NAJAE SIREET ADDRESS CITY-ST-ZIP THLE NAJAE SIREET ADDRESS CITY-ST-ZIP	ed in Chapter 119.	Florida Statute:.	☐ Change	Addition	
CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP 12. I hereby indicated	certify that the information supplied with on this report or supplemental report is	☐ Detate ☐ Detate this filling does not qualify for true and accurate and that m	NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE TOTALE STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-7IP THE exemptions contains The exemptions contains The signature shall have the	e same legal effect :	as if made under	Change [further certify that the oath; that I am an officer	Addition	
CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP 12. I hereby-indicated of the cold the co	certify that the information supplied with fon this report or supplemental report is poration or the receiver or trustee arms, or on an attachment with an aptdress, v	Delate Delate this filling does not qualify for true and accurate and that meaned accurate and that meaned to execute this report.	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP The exemptions contain- ny signature shall have the sprequired by Chapter (i	e same legat effect : 07, Florida Statutes;	es if made under end that my nam	Change I further certify that the incentify that I am an officer to appears in Block 10 or	Addition	
CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP 12. I hereby indicated of the cold the co	I on this report or supplemental report is reporation or the receiver or trustee empo	Delate Delate this filling does not qualify for true and accurate and that meaned accurate and that meaned to execute this report.	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP The exemptions contain- ny signature shall have the sprequired by Chapter (i	e same legat effect : 07, Florida Statutes;	es if made under end that my nam	Change [further certify that the oath; that I am an officer	Addition	