


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90037 009 ***150.00

DOCUMENT # P07000091584	
1. Entity Name HEARTLAND REAL ESTATE, CORP.	

Principal Place of Business 3200 US HWY. 27 SOUTH, SUITE 307 SEBRING, FL 33870	Mailing Address 3200 US HWY. 27 SOUTH, SUITE 307 SEBRING, FL 33870
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2. Principal Place of Business - No P.O. Box # 3200 US HWY 27 SOUTH SUITE 201 SEBRING, FL 33870	3. Mailing Address 3200 US HWY 27 SOUTH SUITE 201 SEBRING, FL 33870
City & State SEBRING, FL 33870	City & State SEBRING, FL 33870
Zip 33870	Country USA



04132008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent WOHL, JAMES M 1800 STATE RD. 17 SOUTH AVON PARK, FL 33825	
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE RESIDENT VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WOHL, JAMES M		NAME JAMES M. WOHL	
STREET ADDRESS 1800 STATE RD. 17 SOUTH		STREET ADDRESS 1800 STATE ROAD 17 SOUTH	
CITY-ST-ZIP AVON PARK, FL 33825		CITY-ST-ZIP AVON PARK, FL 33825	
TITLE	<input type="checkbox"/> Delete	TITLE SEC. TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME CASEY WOHL PACE	
STREET ADDRESS		STREET ADDRESS 1800 STATE ROAD 17 SOUTH	
CITY-ST-ZIP		CITY-ST-ZIP AVON PARK, FL 33825	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 if changed, or on an attachment with an address with all other the empowered.

SIGNATURE:  **JAMES M. WOHL** 4-14-08 863-382-3887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #