2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000006109

Entity Name: CHERYL HEARN PA

FILED Apr 03, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3450 BUSCHWOOD PARK DRIVE 2234 LITHIA CENTER LN. #345 VALRICO, FL 33596

TAMPA, FL 33618

Current Mailing Address: New Mailing Address:

P.O. BOX 16632 TAMPA, FL 336876632 P.O. BOX 16632 TAMPA, FL 33687

FEI Number: 26-1752126 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HEARN, CHERYL
3450 BUSCHWOOD PARK DRIVE
#345
TAMPA, FL 33618 US

HEARN, CHERYL
2234 LITHIA CENTER LN.
VALRICO, FL 33596 US

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.

SIGNATURE: CHERYL HEARN 04/03/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: HEARN, CHERYL Name: HEARN, CHERYL

 Name:
 HEARN, CHERYL
 Name:
 HEARN, CHERYL

 Address:
 P.O. BOX 16632
 Address:
 2234 LITHIA CENTER LN.

 City-St-Zip:
 TAMPA, FL 33687
 City-St-Zip:
 VALRICO, FL 33596

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.

SIGNATURE: CHERYL HEARN P 04/03/2009