

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000020277

**FILED**  
**Apr 10, 2011**  
**Secretary of State**

**Entity Name:** HEELTREE INC.

**Current Principal Place of Business:**

336 GOLFVIEW ROAD #403  
NORTH PALM BEACH, FL 33408

**New Principal Place of Business:**

**Current Mailing Address:**

336 GOLFVIEW ROAD #403  
NORTH PALM BEACH, FL 33408

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEIVA, GUSTAVO  
336 GOLFVIEW ROAD #403  
NORTH PALM BEACH, FL 33408 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: LEIVA, GUSTAVO  
Address: 336 GOLFVIEW ROAD #403  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: D  
Name: HELENA, NIDIA  
Address: 336 GOLFVIEW ROAD #403  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: D  
Name: HAMMAN, ROBERT  
Address: 2367 EDGEWATER DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33410

I hereby 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 all other like empowered.

**SIGNATURE:** ROB HAMMAN

VP

04/10/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date