


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P27033	
1. Entity Name THE HERITAGE ORGANIZATION, INC.	

Principal Place of Business 5001 SPRING VALLEY ROAD SUITE 630E DALLAS, TE 75244-3942 US	Mailing Address C/O VICKIE A. WALKER P.O. BOX 168 PLEASANT VIEW, TN 37146-0168 US
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DO NOT WRITE IN THIS SPACE



04062004 No Chg-P CR2E034 (10/03)

4. FEI Number 74-2443386	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reappointing)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KORNMAN, GARY M. 5001 SPRING VALLEY RD., STE 800E DALLAS, TX 752443942
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WALKER, VICKIE A. P.O. BOX 168 N/A PLEASANT VIEW, TN 371460168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KORNMAN, MICHAEL M 5001 SPRING VALLEY RD., STE 800E DALLAS, TX 75244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCELWEE, CLAUDIA J 5001 SPRING VALLEY RD STE 800E DALLAS, TX 75244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/15/04-80016-007 50.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 like empowered.

SIGNATURE: 	4/8/04 615-746-2411
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>