



2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-15-2005 90095 039 ***150.00
P93000047714

DOCUMENT # P93000047714 1. Entity Name HEAVEN'S U.S.A., INC.						FILED 05 JUL -6 PM 1:13 SECRETARY OF STATE TALLAHASSEE, FLORIDA																																																																																																																																																																									
Principal Place of Business 7999 N. FEDERAL HWY STE 202 BOCA RATON, FL 33487 US				Mailing Address PO BOX 811135 BOCA RATON, FL 33481 US																																																																																																																																																																											
2. Principal Place of Business		3. Mailing Address																																																																																																																																																																													
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																																																													
City & State		City & State																																																																																																																																																																													
Zip		Country		Zip		Country																																																																																																																																																																									
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																																																																																																																																																											
RUSTINE, DAVID A 7999 N FEDERAL HWY STE 202 BOCA RATON, FL 33487				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: <u><i>David Rustine</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>6-12-05</u>																																																																																																																																																																															
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																																																											
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="4" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PSTD</td> <td style="width: 15%;"><input type="checkbox"/> Delete</td> <td style="width: 25%;"></td> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"></td> <td style="width: 15%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td style="width: 25%;"></td> </tr> <tr> <td>NAME</td> <td>RUSTINE, DAVID A</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7999 N. FEDERAL HWY STE 202</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>BOCA RATON, FL 33487</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td></td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td></td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td></td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td></td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>								10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				TITLE	PSTD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME	RUSTINE, DAVID A			NAME				STREET ADDRESS	7999 N. FEDERAL HWY STE 202			STREET ADDRESS				CITY - ST - ZIP	BOCA RATON, FL 33487			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				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			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>David Rustine</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>6-12-05</u> <small>Date</small>				<u>561-997-8000</u> <small>Daytime Phone #</small>																																																																																																																																																																							