2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2006 08:00 AM Secretary of State DOCUMENT # P93000064448 1. Entity Name HEIRLOOM COLLECTIBLES, INC. Principal Place of Business Mailing Address 2516C MCMULLEN-BOOTH ROAD 2516C MCMULLEN-BOOTH ROAD CLEARWATER, FL 33761 CLEARWATER, FL 33761 04252006 CR2E034 (11/05) No Chg-P DO NOT WRITE IN THIS SPACE Applied Fur 4. FEI Number 59-3201705 Not Applied \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent ZEPPENFELD, ALVIN H DO NOT WRITE 2824 MEADOW HILL DRIVE, N CLEARWATER, FL 33761 IN THIS SPACE 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 according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered egent and title it applicable (NOTE Registered Agent signature regulated when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME ROPER, MARGARET L 2824 MEADOWHILL DR. N. STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33761 TITE U00000542193 ZEPPENFELD, ALVIN H NAME 05/10/06-60089-002 150.00 STREET ADDRESS 2824 MEADOW HILL DR. N. CITY-ST-ZIP CLEARWATER, FL 33761 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE

FILED

Marchellon

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

^{12.} I heroby 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 logal effect as if made under oath; that I am an officer or direction 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 chapter 607 on an attachment with an address, with all other like empowered.