

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90111 023 ***158.75

DOCUMENT # P94000024756
 1. Entity Name
 HERITAGE PARTNERS GROUP IX, INC.



Principal Place of Business
 5505 N ATLANTIC AVE
 115
 COCOA BEACH, FL 32931 US

Mailing Address
 5505 N ATLANTIC AVE
 115
 COCOA BEACH, FL 32931 US

40105010



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc. **#108**
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc. **#108**
 City & State
 Zip Country

04122007 Chg-P CR2E034 (12/06)

4. FEI Number
 59-3249033 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 MCPHILLIPS, JACQUELINE
 5505 N ATLANTIC AVE #115
 COCOA BEACH, FL 32931

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
5505 N. ATLANTIC AVE, # 108
 City **Cocoa Beach** FL Zip Code **32931**

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: James Kincaid James Kincaid, VP DATE: 4/26/07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	DPST	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCPHILLIPS, JACQUELINE			NAME			
STREET ADDRESS	5505 N ATLANTIC AVE #115			STREET ADDRESS			
CITY-ST-ZIP	COCOA BEACH, FL 32931			CITY-ST-ZIP			
TITLE	DV	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCPHILLIPS, MICHAEL			NAME			
STREET ADDRESS	5505 N ATLANTIC AVE #115			STREET ADDRESS			
CITY-ST-ZIP	COCOA BEACH, FL 32931			CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> Delete		TITLE	DVST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KINCAID, JAMES			NAME			
STREET ADDRESS	5505 N ATLANTIC AVE #115			STREET ADDRESS	5505 N. ATLANTIC AVE., # 108		
CITY-ST-ZIP	COCOA BEACH, FL 32931			CITY-ST-ZIP			
TITLE	DC	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARDING, NEAL			NAME			
STREET ADDRESS	5505 N. ATLANTIC AVE #115			STREET ADDRESS	5505 N. ATLANTIC AVE., # 108		
CITY-ST-ZIP	COCOA BEACH, FL 32931			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			

12. I hereby 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 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: James Kincaid James Kincaid DATE: 4/26/07 321-799-4090