2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-01-2005 90137 001 ***750.00

DOCUMENT # P95000028469

1. Entity Name
BLUE HEART, INC.

Principal Place of Business	Mailing Address
13617 N. FLORIDA AVE TAMPA, FL 33613 US	13617 N. FLORIDA AVE TAMPA, FL 33613 US

66011232

03142005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
15511 N. Florida Ave	15511 N. Florida Ave
Suite, Apt. #, etc.: Suites A1,A2,A3	Suite, Apt. #, etc.: Suites A1,A2,A3
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33613 Country: USA	Zip: 33613 Country: USA

4. FEI Number: 59-3319906 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BURKETT, DONALD 13617 N. FLORIDA AVE TAMPA, FL 33613	Name: Burkett, Donald Street Address (P.O. Box Number is Not Acceptable): 15511 N. Florida Ave Suites A1, A2, A3 City: Tampa FL Zip Code: 33613

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 [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P BURKETT, DON 13617 N. FLORIDA AVE. TAMPA, FL 33613 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ☑ Change ☐ Addition Burkett, Don 15511 N. Florida Ave Ste A1,A2,A3 Tampa, FL 33613
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BRENT, SYLVIA 13617 N. FLORIDA AVE TAMPA, FL 33613 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ☑ Change ☐ Addition Brent, Sylvia 15511 N. Florida Ave Ste A1,A2,A3 Tampa, FL 33613
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 4-15-05 813-972-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #