2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 24, 2008 08:00 A Secretary of State DOCUMENT # P95000028469 BLUE HEART, INC. Principal Place of Business Mailing Address 2804 LUTZ LAKE FERN ROAD 2804 LUTZ LAKE FERN ROAD LUTZ, FL 33558 US LUTZ, FL 33558 No Chg-P CR2E034 (11/05) 03192008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3319906 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BURKETT, DONALD DO NOT WRITE 2804 LUTZ LAKE FERN ROAD LUTZ, FL 33558 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 accept the obligations of registered agent. SIGNATURE red agent and title it applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME BURKETT, DONALD U00000867086 04/08/08-80056-002 150.00 STREET ADDRESS 2804 LUTZ LAKE FERN ROAD LUTZ, FL 33558 CITY-ST-ZIP TITLE BRENT, SYLVIA NAME STREET ADDRESS 2804 LUTZ LAKE FERN ROAD CITY-ST-7IP LUTZ, FL 33558 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Hurther 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR