2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000052928

Entity Name: HEART ALERT INCORPORATED

FILED Jul 13, 2006 Secretary of State

| Current Principal Place of Business: | | | | New Principal Place of Business: | | | | |
|---|--|---|--|--|---|--------------------|-------------------|--|
| 1100 JOHNSON FERRY RD., STE 1050 ATLANTA, GA 30342 | | | | 1100 JOHNSON FERRY ROAD SUITE 1050 ATLANTA, GA 30342 | | | | |
| Current Mailing Address: | | | | New Mailing Address: | | | | |
| 1100 JOHNSON FERRY RD., STE 1050 ATLANTA, GA 30342 | | | 1100 JOHNSON FERRY ROAD SUITE 1050 ATLANTA, GA 30342 | | | | | |
| FEI Number: 59-3332588 FEI Number Applied For () FEI N | | | FEI Nun | mber Not Applicable () Certificate of Status Desired () | | | | |
| Name and Address of Current Registered Agent: | | | | | Name and Address of New Registered Agent: | | | |
| TAMPA, FL | ETCHER AVE 33612 US named entity s | | urpose o | of changing it | s registered of | fice or registere | d agent, or both, | |
| SIGNATUR | F· | | | | | | | |
| | | ic Signature of Registered Age | nt | | | Date | | |
| Election Cam | | s(2)(b), F.S., the corporation did not Trust Fund Contribution(). 「ORS: | receive t | - | | TO OFFICERS | AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | HOGGLE, JOHN | FERRY RD., STE 1050 | | Title: Name: Address: City-St-Zip: | () | Change () Additio | on | |
| Title: Name: Address: City-St-Zip: | THORNE, JAME | FERRY RD., STE 1050 | | Title: Name: Address: City-St-Zip: | () | Change () Additio | on | |
| Title: Name: Address: City-St-Zip: | BAILEY, GORDA | FERRY RD., STE 1050 | | Title: Name: Address: City-St-Zip: | BAILEY, GORDO | $FERRY\ RD.,\ STE$ | | |
| Title: Name: Address: City-St-Zip: | D () FARR, JAMES 1100 JOHNSON ATLANTA, GA 3 | FERRY RD., STE 1050 | | Title: Name: Address: City-St-Zip: | BROWN, CARE | $FERRY\ RD.,\ STE$ | | |
| Title: Name: Address: City-St-Zip: | MOTTOLA, JAM | FERRY RD., STE 1050 | | Title: Name: Address: City-St-Zip: | () | Change () Additio | on | |
| Title: Name: Address: City-St-Zip: | TOENNES, MAN | FERRY RD., STE 1050 | | Title: Name: Address: City-St-Zip: | () | Change () Additio | on | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES A THORNE PRES 07/13/2006