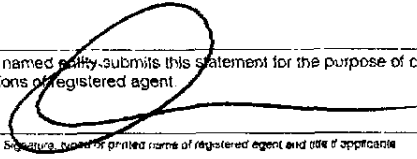


FILED
Mar 15, 2006 08:00
Secretary of State

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000002548			
1. Entity Name J. HEINRICH CORPORATION			
Principal Place of Business 12247 LONDONDERRY LANE BONITA SPRINGS, FL 33923		Mailing Address 1105 CAPE CORAL PARKWAY E. SUITE C CAPE CORAL, FL 33904	
DO NOT WRITE IN THIS SPACE			
		 02062006 No Chg-P CR2E034 (11/05)	
		4. FEI Number NOT APPLICABLE	Applied For Not Applicable
		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SCHUTT, DARRIN RESQ 1105 CAPE CORAL PKWY EAST SUITE C CAPE CORAL, FL 33904		DO NOT WRITE 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  Signature, typed or printed name of registered agent and title if applicable		DATE 3/9/06 (NOTE: Registered Agent signature required when renewing)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U00000467867 03/24/06-80008-007 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OPT HEINRICH, JOSEPH ZUM SPITZEN BAUM 12, 66663 MERZIG-SCHWEMLINGEN, GER.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HEINRICH, SIMONE ZUM SPITZEN BAUM 12 MERZIG-SCHWEMLINGEN, GERMANY.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE MARCH 5th 2006 Date Daytime Phone #	