## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000032146

Entity Name: HERITAGE INTERNATIONAL COMMUNICATIONS, INC.

FILED Apr 29, 2005 Secretary of State

Current P	rincipal Plac	e of Business:	New Principal	New Principal Place of Business:		
1600 W. EAU GALLIE BLVD. MELBOURNE, FL 32935			#201	1600 W. EAU GALLIE BLVD. #201 MELBOURNE, FL 32935		
Current M	lailing Addre	ss:	New Mailing A			
1600 W. EAU GALLIE BLVD. MELBOURNE, FL 32935			_	1600 W. EAU GALLIE BLVD. #201 MELBOURNE, FL 32935		
			#201			
FEI Number:	: 59-3501325	FEI Number Applied For ( )	FEI Number Not Applicable	e ( ) Certificate of Status Desired (X)		
Name and	Address of	Current Registered Agent:	Name and Add	dress of New Registered Agent:		
SUITE 201 MELBOUR The above in the State	AU GALLIE BL RNE, FL 3293 named entity e of Florida.	5 US	urpose of changing its re	gistered office or registered agent, or bo	th,	
SIGNATUF		nic Signature of Registered Age	nt	 Date	_	
Election Can		ng Trust Fund Contribution ( ).	iii.	Date		
OFFICERS AND DIRECTORS:			ADDITIONS/C	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D ( CARRAWAY, 4308 WILDWO AYDEN, NC 2	DOD DRIVE	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	TOLLEY, WILI	GALLIE BLVD.	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	WARDRON, N 170 SEAVIEW		Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	D ( SANDERS, TH 331 SEABREE INDIALANTIC,	ZE DRIVE	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	D ( KING, MAXWE 1384 NOLTON		Title: Name: Address:	()Change ()Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILLIAM R. TOLLEY PTD 04/29/2005