2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# P98000032146

Entity Name: HERITAGE INTERNATIONAL COMMUNICATIONS, INC.

Current Principal Place of Business:

1600 W. EAU GALLIE BLVD.
#201
MELBOURNE, FL 32935

New Principal Place of Business:

4250 PINEWOOD RD.
MELBOURNE, FL 32934

Current Mailing Address:

1600 W. EAU GALLIE BLVD.
#201
MELBOURNE, FL 32935

New Mailing Address:

4250 PINEWOOD RD
MELBOURNE, FL 32934

FEI Number: 59-3501325 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TOLLEY, WILLIAM R
1600 W EAU GALLIE BLVD
SUITE 201
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

TOLLEY, WILLIAM R
4250 PINEWOOD RD
MELBOURNE, FL 32934 US

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.

SIGNATURE: WILLIAM R. TOLLEY 04/27/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CARRAWAY, JESSIE J
Address: 4308 WILDWOOD DRIVE
City-St-Zip: AYDEN, NC 28513

Title: PTD ( ) Delete
Name: TOLLEY, WILLIAM R
Address: 1600 W. EAU GALLIE BLVD.
City-St-Zip: MELBOURNE, FL 32935

Title: VSD (X) Delete
Name: WARDRON, NANCY L
Address: 170 SEAVIEW STREET
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: D (X) Delete
Name: SANDERS, THOMAS J SR
Address: 331 SEABREEZE DRIVE
City-St-Zip: INDIALANTIC, FL 32903

Title: D (X) Delete
Name: KING, MAXWELL C
Address: 1384 NOLTON HEALTH COURT
City-St-Zip: ROCKLEDGE, FL 32995

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: TOLLEY, WILLIAM R
Address: 4250 PINEWOOD ROAD
City-St-Zip: MELBOURNE, FL 32934

Title: D (X) Change ( ) Addition
Name: TOLLEY, PATRICIA R
Address: 4250 PINEWOOD ROAD
City-St-Zip: MELBOURNE, FL 32934

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: WILLIAM R TOLLEY PTD 04/27/2006
Electronic Signature of Signing Officer or Director Date