2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 24, 2006 08:00 AN Secretary of State DOCUMENT # P98000106114 HEARTLAND SPRING WATER INC. Mailing Address Principal Place of Business 114 DAISY LANE 114 DAISY LANE LAKE PLACID, FL 33852 LAKE PLACID, FL 33852 CR2E034 (11/05) 04182006 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0884784 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HATTON, HENRY DO NOT WRITE 114 DAISY LANE LAKE PLACID, FL 33852 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. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE HATTON, HENRY NAME 114 DAISY LANE STREET ADDRESS City-St-7iP LAKE PLACID, FL 33852 U00000527314 704/06-80108-010 150.00 ST TITLE HATTON, RHONDA NAME 114 DAISY LANE STREET ADDRESS LAKE PLACID, FL 33852 CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-7IP NAME

12. I hereby certify that the information supplied with this filling 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 giber like empowered.

SIGNATURE

STREET ADDRESS

C/TY-ST-7/P

SNATURE AND TWOED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-06

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Daytme Phone #